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P. H. Fischer M.D.

Daventry is recommended as the
best Authour on this Subject.

THE
Midwife's
Pocket-Companion:
OR
A PRACTICAL
TREATISE
OF
MIDWIFERY
ON A NEW PLAN.
CONTAINING

Full and plain Directions for the MANAGE-
ment and Delivery of Child-bearing Women
in the difficult Cases, and the Cure of the
several Diseases incident to them and new
born Children, in the latest Manner, and ac-
cording to the best Improvements.

By JOHN MERRIS, D.M.
OF MARYLAND, COLLEGE, ALEXANDRIA.

In THREE PARTS.
BY JOHN MERRIS, D.M.
OF MARYLAND, COLLEGE, ALEXANDRIA.

LONDON:
Printed for J. and W. GARDNER, D. B.
Printers, near the Minster House.
MDCCLXXV.

THE
Yes. Midwife's *Vaughan*
Pocket-Companion :

OR
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T R E A T I S E
O F
M I D W I F E R Y.

R On a NEW PLAN.

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Full and plain DIRECTIONS for the MANAGE-
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cording to the best Improvements.

ADAPTED TO THE
USE of the FEMALE as well as the MALE
PRACTITIONER in that ART.

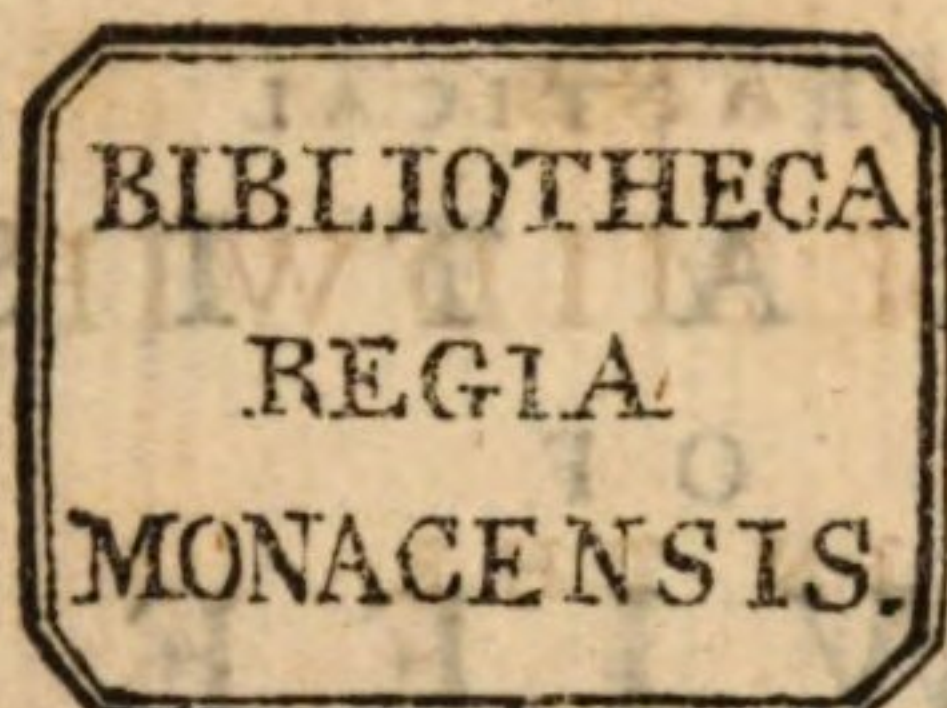
IN THREE PARTS.

By JOHN MEMIS, D. M.
Of MARISHAL-COLLEGE, ABERDEEN.

L O N D O N :

Printed for EDWARD and CHARLES DILLY, in the
Poultry, near the Mansion-House.

MDCCLXV.





TO
DR. THOMAS YOUNG, PHYSICIAN,
AND
PROFESSOR of MIDWIFERY
IN THE
UNIVERSITY of EDINBURGH.

S I R,

I Had the pleasure of being
one of the first of many male
and female pupils you have in-
structed in midwifery, and have
therefore prefixed your name to
the following short system on
a more extensive and useful
plan than any heretofore, not

A 2 doubt-

D E D I C A T I O N.

doubting but it will meet with
your kind acceptance and candid
approbation.

I am, with esteem,

SIR,

Your most humble servant,

JOHN MEMIS.

THE
P R E F A C E.

*I*T is acknowledged that the books on the art of delivery are already increased to a considerable number, and that some of them are well-written, wherein it appears that it has been much improved of late years ; yet, as the following sheets are written on a plan of more extensive use than any of them, we presume that this may serve as a sufficient apology for the present small publication : especially if it be also considered that the subject thereof is of the utmost importance to the lives of our fellow-creatures, which consideration, indeed, was our sole inducement thereto. To be somewhat more particular.

Women for some time past have been regularly instructed in this art by physicians and surgeons in many parts of

Great-Britain ; and being lately engaged in the same way, we soon found it needful to bring the latest and best practice into a small compass, and make it intelligible to female pupils : for in reading lectures, with a view to teach them to practise, according to the rules of art, we are at a loss for want of a book to serve by way of text ; there being none published since the newest improvements have been made fit for this purpose, or for women-practitioners to read.

This rendered it difficult for us to communicate the previous instructions, and the subsequent rules to be observed in deliveries, and scarcely possible for them either to understand or retain in their memories one fourth part of them, whereby they must be liable to many errors in practice.

In order to prevent as much as possible these mistakes, which might prove fatal, and to attain those ends above-mentioned, we have published this compendious system, wherein,

FIRST,

The P R E F A C E. vii

FIRST, *We have changed the terms of art used in medical books for others of the same import, but more familiar to midwives ; and, frequently, the more uncommon words, which occur in all kinds of books, for more plain and intelligible expressions.*

SECONDLY, *Although in the division, descriptions and dimensions of the basin, &c. we have not used strict anatomical exactness, this being incompatible with our plan ; and, in treating of the diseases of the mother and child, we have only given the chief symptoms by which they may be known, and the simplest method of cure, excluding every where all theorizing ; we have however been as accurate in the former and as particular in the latter as, we believe, is sufficient for a safe delivery in each case, and an effectual relief in each complaint ; and, at the same time, have been as full in all the parts of the art, whether medical, manual, or instrumental, as is consistent*
with

with not swelling the volume to too great a size, whereby many who have need of such a book, might be hindered from purchasing it, and the design of its being a pocket-companion for female practitioners frustrated.

THIRDLY, We have arranged the several heads treated of in a plain and natural order; and, besides the general contents in the beginning, have annexed a particular index of the deliveries and diseases, that the above-mentioned design may be the better answered.

We may conclude that the whole is new-modelled and digested in such a manner as that it may be useful to many who are employed to assist in labours, and often prove instrumental in saving the lives of women and children that might be otherwise lost.



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THE



THE
M I D W I F E's
POCKET-COMPANION:
OR A PRACTICAL
T R E A T I S E
O F
M I D W I F E R Y, &c.

I N T R O D U C T I O N.

M I D W I F E R Y, in the largest
sense of the word, implies the
art of assisting a child-bearing woman,
before, in the time of, and after her
labour is over. To the due exercise
B whereof

whereof, the following qualifications are absolutely necessary ; namely,

FIRST, To know the distances from, and situation with respect to each other of those bones within the belly, which are placed around the womb called the basin, together with the contained parts.

SECONDLY, To be acquainted with the method of touching the womb, in order to discover in what manner, and to what degree it stretches at the different times of a woman's being with child, especially before and during the time she is in labour ; and the way of delivering her in the various kinds of births, whether natural or unnatural, together with the different means used in bringing away the after-birth.

And LASTLY, To understand how to manage the mother and child upon all occasions ; together with some practical knowledge in relation to the several diseases they are liable to.

P A R T

PART I.

CHAP. I.

Of the BASIN.

FIRST, The basin, or that place within the lower part of the belly, in the middle of which the womb hangs, is composed of two, or rather we shall call them three bones; namely, the share-bone before, the hip-bone on each side, and the rump-bone behind; which last being the continuation of the back-bone, has a small longish bended bone joined to its lower end, made up of three or four joints, somewhat resembling the little finger.

These joints are a little moveable, both among themselves, and at their connection with what is more properly the rump-bone; though, for brevity's

fake, we shall, as we go along, consider the whole as one bone, and call it the rump-bone, with its moveable extremity or end.

There is also a small motion of all the bones of the basin among themselves at their joints, especially in the time of very hard labour, conforming themselves thereby the better to the shape of the child's head, as it passes through them.

Although the basin in most women is naturally well-shaped, and fitted for the purpose of the favourable birth of children, yet in some it is distorted, or out of its natural shape; and that in different degrees, which makes one of the causes of difficult labours.

SECONDLY, As to the wideness of a well-shaped basin, the brim or upper edge of it, appearing to the eye of an oval or longish round figure, is narrowest between the share and rump-bones, to wit, about four fingers breadth,

Of the B A S I N. 5

breadth, and longest between the hip-bones, to wit, about five fingers breadth.

The wideness at the lower is much the same as that at the upper part, unless that, in time of the birth, the pressing back of the moveable end of the rump-bone by the child's head, occasions the difference of about a finger's breadth wider betwixt the fore and back part, than from side to side; which difference ought to be kept in memory, as the use thereof will appear hereafter.

Also let it be observed and remembered, that when a woman is placed as it were half-sitting half-lying, the brim of the basin is parallel to (or in the same direction with) and the sides thereof straight up from the level of the floor or bed on which she is so placed.

THIRDLY, The depth of the basin is about five fingers breadth from the upper part of the rump-bone, where it joins with the back-bone straight down

to the lower part of its moveable end; unless that, when in time of the birth, it is stretched outwards by the child's head, it becomes six fingers breadth; and from the tops of the hip-bones (towards their forepart) to their lower part, is four fingers breadth: but from the upper to the lower part of the share-bone, the depth is no more than two fingers breadth; so that the lower part of this last bone is two fingers breadth higher than that of the former bones.

Here also it may be noted and kept in memory, 1. That, although these are the dimensions of a well-formed basin, yet it is sometimes different in different women. 2. That at the brim it is wider from side to side, than from the fore to the back-part, while below it is the reverse. 3. That the sides are twice, and the back three times the depth of the fore-part. And lastly, That there is a space free of bone two fingers

fingers breadth, along the fore-side of the basin at its under part.

FOURTHLY, The inward make of the basin is as follows: The rump-bone being much bulged or swelled, as it were, on its outside, makes the basin very hollow on the inside behind. On the fore-part of it, from the upper edge of the share-bone, which is somewhat hollow too on its inside, to its lower edge, although mostly straight down, yet inclines a little forwards. And the upper part of the hip-bones jetting or shooting first forward and somewhat inward, runs pretty much straight down to form the sides of the basin.

Here again let it be observed and remembered, i. That the basin inwardly is, for the most part, straight down before, but hollow behind, together with a bump or swelling formed at the brim by the lower end of the back, and upper end of the rump-bone,

and a bending inwards at its lower end by its moveable extremity. 2. That all its inside is filled up and lined with soft, yielding, fleshy substance. And, 3. That these soft parts stretch easily into a hollow in the fore-part and sides of the basin, like that of the rump-bone behind, as above-mentioned, by the child's head, when pushed down in labour before it is born.

FIFTHLY, The basin is said to be distorted or put out of its true shape, when it varies from the aforesaid dimensions. Thus, in some women, we meet with the lower part of the rump-bone, with its moveable end, bent much inwards towards the under part of the share-bone, while its upper end, where it joins with the back-bone, is so greatly bent forwards or inwards too, that there is scarcely four fingers breadth distance between these two bones, sometimes but three, and in some instances two, insomuch that our
hand

hand cannot be pushed in between them at all.

Again, in other women, the upper end of the rump-bone, where it joins with the lower end of the back-bone, jets inwardly to one side, together with a jetting-in somewhat of the share-bone, while the lower parts of the hip-bones are not, perhaps, three fingers breadth distance from each other.

And in some few women, even the middle part of the rump-bone, jets in into a swelling, where it is naturally hollow.

It is however to be noted, that the most common distortion of the basin, is that jetting inward which is formed by the lower end of the back-bone, and upper end of the rump-bone, at their joining, where indeed it is that the head of the child most commonly sticks in hard labours, and occasions difficult births.

SIXTHLY, When the head of the child, which is generally about a finger's breadth narrower from ear to ear, than from the fore to the hind-head, presents at the brim of the basin, the fore-head is most commonly to one side, and the hind-head to the other, whereby the widest part of the head is turned to the widest part of the basin, and the narrow part of the head to the narrow part of the basin.

In time, by the labour-pains, the head being squeezed farther down, even to the lower part of the hip-bones, the crown, or that part of the head where the hair shades off on all sides, directly presents to the touch of our finger, when introduced into the womb, which shews the birth to be natural.

Here again the basin being narrower, the child's head can proceed no farther; and the under part of the share-bone being higher than that of
the

the hip-bones, as was shewn above; therefore the hind-head must naturally, by the continuance of the pains, slide down into this space free of bone, while at the same time the forehead turns into that hollow, which is naturally in the rump-bone behind; so that now again the wide part of the head is got into the other wide part of the basin, and the narrow part of the one into the narrow part of the other.

At length, the hind-head, in the progress of the labour-pains, rising upwards a little from below the share-bone, the child's whole head comes suddenly into the world.

LASTLY, From the above descriptions of the shape and dimensions of a well-formed basin, together with the figure and passage of the child's head through the same, a pretty clear notion may be formed of the manner in which the head is brought along in births,

where our assistance becomes necessary; but which yet must be varied, as the shape of the basin and head may happen to vary from the above-mentioned dimensions; and in particular, of how great consequence the advantage of knowing the shape and dimensions of a good basin is in practice.

CHAP.



C H A P. II.

Of the W O M B.

FIRST, The womb being loosely hung between the bladder and the lower end of the guts, in the middle of the basin, by a thick, roundish, and strong ligament, or gristly chord, has a free motion upwards and downwards for the space of four or five fingers breadth; and by which it is allowed to stretch to so great a size, as we find it is just before labour-pains come on; while after labour, as the waters in which the child floats are discharged, it contracts and grows thicker: and the resistance ceasing at the delivery of the child, it becomes smaller and smaller, until it comes back again to its natural bigness, as in a virgin-state.

SECONDLY,

SECONDLY, The part of the womb, which comes first to be considered, is the passage into it. Let it be observed then, that to the outward orifice or opening of the womb, which is naturally covered with hair, we shall all along give the name of the outward mouth; and therefore the inward opening, which as it were resembles the mouth of a puppy, may be called the inward mouth of the womb; and indeed it is properly the womb's mouth, as immediately entering into it: so that that space, which lies between the outward and inward mouth, is what we shall call the passage of the womb.

This part, in length, is about two fingers breadth; though when stretched to its full length, it will reach to six or more, according to the difference of stature in different women, and to about four in wideness.

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The inside of it in virgins, is full of wrinkles, of a spongy texture, and very narrow; but is much wider, and the wrinkles much lost in women that have been married.

From the lower part of the outward mouth of the womb to the fundament, is a small ridge or line, of about two fingers breadth in length, which we shall call the seam of the hips. This is sometimes tore along its whole length in very hard labour, laying the outward mouth of the womb and fundament into one opening, which is a very deplorable case, and is sometimes occasioned through the ignorance of midwives in the delivery.

THIRDLY, The womb itself in virgins, somewhat resembles a long-necked pear, but flatter. It being of a spongy substance, is capable of being stretched to a great space, during a woman's being with child; yet all that time it much retains its natural thickness.

It

It is about three fingers breadth long in a virgin-state, and one wide from its fore to its back-part, and about two fingers breadth from side to side along its bottom.

The wideness of the neck of the womb, or that part which extends from its inward mouth to the hollow of its body, is only about one sixth-part of a finger's breadth, and in some part of it less, and about two fingers breadth long: From that end of the neck which opens into its hollow body (which is more properly the womb's neck, being about one finger's breadth wide) to the bottom of the womb, is about one and three-quarters of a finger's breadth: And lastly, the bottom itself measures somewhat more than two fingers breadth.

FOURTHLY, The womb is generally thought to come to its full growth, in a natural state, when a girl is about fifteen years of age; at which time
there

there happens naturally a gradual discharge of superfluous blood from it, called the monthly-courses, which continue to flow from three to seven days, to the quantity of about a gill and a half, and is repeated generally every month ; though in women of a delicate constitution, and who indulge their stomach much, it returns sooner, and the quantity is greater than in those who use much exercise, but yet without being the worse in their health for it.

This monthly discharge of blood commonly ceases altogether about the age of forty-five, though sometimes not until the fiftieth year ; while in some women it quite disappears about the fortieth year of their age, namely, in those in whom it hath broke out and appeared before they were fifteen years old, and in those also who have borne many children.

FIFTHLY,

FIFTHLY, The conception in the womb in the first month, resembling as it were a young frog, there appearing at that time a large head with a small trunk, &c. before all the parts of the human body are distinctly formed, is called an embryo.

When a woman has gone three or four months with child, it being then about the bigness of a large goose egg, and its parts all formed, it is called a foetus ; about which time nearly a quarter of the neck of the womb is stretched equal to its bottom, and the child, though complete as to parts, yet is not as to degree, 'till about four or five months more growth.

The womb from conception has a softish substance, of a red flesh-like colour fixed to its inside, called the womb-cake, daily growing greater and greater, 'till about the ninth month, when it arrives at its greatest size ; being then about six fingers breadth wide, and

and about one finger's breadth thick in the middle, but thinner and thinner towards its edge.

It is of a round figure, like an oat-cake or bannock, and composed of a very great number of small blood-vessels, meeting together in one large vessel or vein, or rather three inclosed in one coat or case; and it is called the navel-string, which is commonly four or five hands breadth in length, though sometimes not above two or three; yet at other times it happens to be eight or ten hands breadth long.

This womb-cake (called also the after-birth, or after-burden) has its outside divided or cut, as it were, into several large lobes, by a wonderful contrivance, resembling somewhat the knobs of a quilt, that it may yield more easily, or be adapted more advantageously to the inner parts of the womb, so as to prevent its separation by every flight shock that
may

may happen to a child-bearing woman.

The waters in which the child floats, are contained in a sack or bag, made up of the womb-cake, which is about a fourth part of it, and a skinny substance arising all round from its edge, which forms the rest of it, and which we shall call the bag of waters.

This bag generally breaks before the child is delivered, and lets out the water near the edge of the cake, seldom in the middle of the skinny part of the bag. The quantity of waters about the child, in proportion to the weight of the embryo and foetus, is much greater in the first than in the last months of a woman being with child.

The womb-cake sometimes sticks to the bottom of the womb, sometimes to its sides, back or fore-parts of it; and lastly, at other times, to its inward mouth.

Twins have each a separate womb-cake : sometimes these cakes are distinct, yet at other times it has been seen, that they had but one in common, or two joined together.

SIXTHLY, With respect to false conceptions and moles. If in the first month after a woman conceives, it happens that the embryo dies some days before it is discharged, there comes away nothing but the skins of the bag (itself being quite wasted) and the womb-cake, so as that we cannot know which is the cake and which the bag : and even when discharged in the second or third month, when we can see distinctly the embryo and cake, the inward mouth and neck of the womb are often so closely shut, that the thick red part of the blood is retained in its bottom sometimes several days ; and when it is forced out of the womb, in the appearance of the human egg,
en-

enlarged to the bigness of a large walnut or more, (for in the beginning these eggs are only little bladdery substances or bubbles, about the size of green-peas) it, by the strong pressure of the womb, looking like a skinny substance, is taken for, and is called (though improperly) a false conception.

When the same kind of substance is discharged, of a still larger size, being kept more months in the womb, it is called a mole.

Moles are most frequently discharged from the wombs of women that are arrived to about fifty years of age, or about that time when their monthly courses are leaving them.

Sometimes moles happen from accidents, that produce continued floodings from the womb; at other times, a large flesh-like substance
will

will come away, attended with pains like those of labour; but which is only clotted blood, that has been pressed into that form by the compressing force of the womb.

CHAP.



C H A P. III.

Of the Child's Posture in the W O M B.

FIRST, Before we speak of the posture of the child in the womb, and the way of its presenting therein, &c. it may be proper to say a little concerning what is called touching.

In the affair of touching or the examination of the womb, we introduce our fore-finger into the passage of the womb, after it has been anointed with fresh-butter before a fire, to render its passage thereinto more easy, in order to feel the stretch of the neck; or, which is sometimes better, into the fundament, to feel that of the bottom of the womb, that we may know whether a woman be with child or not? Whether she is in danger of miscarrying? and whether the inward mouth
 I of

of the womb be open or shut? How the case is with her before, and in time of her labour, and how her child presents? &c.

We examine by the touch generally in the morning, while the woman stands upright, after she has eased nature, and before she has eat any thing; because by these circumstances, and in this posture, we can examine more advantageously, and are better able to reach the womb, as by its own weight it sinks down to the touch of our finger.

In the first month of a woman's going with child, it is difficult to distinguish whether she be with child, or only labours under a stoppage of her courses. Within the four first months, in feeling along the side of the inward mouth of the womb, we generally perceive the neck to hang down in the passage, when about one-fourth part thereof is stretched equal with its bot-

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tom :

tom: but we cannot perceive the stretching of the upper part of its neck until the fifth, and sometimes the sixth month; though we then feel its bottom like a large round ball sometimes, by our finger introduced into the fundament; because in the sixth month the womb is risen too high for feeling it exactly with our finger in the passage.

In these months the womb is so much stretched as to rise to about the middle between the share-bone and navel; about which time half of the neck is stretched: but more frequently about the seventh and eighth month, when in examining by the touch, and pressing our hand on the belly, we generally feel it like a ball, as above-mentioned, especially if the woman be lean; at the same time introducing the fore-finger of the other hand into the passage of the womb, we feel its neck pretty short, and the weight of the
child

child pressing down on the point of our finger.

After this time we feel the neck of the womb shorter and shorter, very sensibly, every ten or twenty days, together with the increase of its bottom daily.

In the seventh month we feel it risen to about the navel, all the neck being now fully stretched out; in the eighth month as high up as betwixt the navel and pit of the stomach; and in the ninth month, at or above the stomach itself.

Yet it is observable, that the above marks vary in different women, especially in those whose bellies hang much forward over the share-bone (called from thence pendulous or hanging bellies) when it happens that the parts below the navel are much more stretched than those above it, the bottom of the womb at the same time being only

C 2

equal

equal to, or a little higher than the navel.

At other times we find the womb will rise even in the seventh or eighth month to the very pit of the stomach.

Sometimes we meet with the neck of the womb as long in the eighth month, in some women, as in others in the sixth or seventh month.

In some again we feel the inward mouth of the womb a little open some weeks before the full time; though generally it does not open till a few days before labour begins, &c.

And lastly, because of these variations, we generally judge of things (which are so uncertainly discoverable in the first month of a woman's going with child) by our finger in the passage of the womb, and our hand on the belly conjointly, though sometimes separately, according as we find the one or the other way more certain: but we cannot well depend on any way,
or

or know any thing with certainty, till after the middle, or towards the latter end of her reckoning, when the signs become more and more perceptible and evident.

SECONDLY, As to the labour-pains it is to be observed, that, if the woman's reckoning is not fully out; if no soft or glairy stuff has been discharged from the mouth of the womb; if the pains are confined to the belly, without reaching to her back, or down the inside of her thighs; if they are slight, and continue without intermission or increase; or if they have long intermissions, and return without force sufficient to push down the bag of waters or child's head to open the inward mouth of the womb; if this is open but a very little, is felt thick and stiff to the touch, instead of soft, thin, and yielding, the pains are false, and the labour is not yet begun.

In this case, if her pulse be strong and quick, attended with pains in her head, or stitches in her sides or back, we bleed in the arm, and order softening clysters or injections, of about three gills of milk; in which four ounces of sweet oil, two ounces of sugar, and a little salt, has been mixed warm from the fire to be given her: And if the pains remain afterwards, an easing or quieting mixture of about a gill of spear-mint waters, together with about sixty drops of laudanum, and three drachms of loaf-sugar mixed with it; of which a spoonful or two is to be taken every quarter or half hour till they are removed.

It is more certain, that a woman is not in labour, if we find the inward mouth of the womb close shut, altho', at the same time, she should be under pains, yet they are not from true labour.

These

These false pains, if she appears to be full of blood, complaining of an over-stretching fulness about the womb, we remove by repeated bleedings from her arm or foot, to the quantity of about a gill and a half at a time, more or less, according to her strength, &c. and order the above quieting mixture to be used ; or, in place thereof, give her ten or fifteen drops of laudanum every half or quarter of an hour, if violent, in a small draught of water.

If a woman is attacked with colic pains, we know these from those of true labour, in that they are chiefly confined to the belly, without going off, and coming on again by distinct intermissions.

These pains likewise we remove by such injections and such a mixture as above-mentioned.

LASTLY, If pains are occasioned from a looseness that seizes the woman, they

are still of the same nature with the former, and may be removed by that mixture: or to stop the looseness more effectually, we add thereto half a quarter of an ounce of diascordium, but less of the laudanum; at the same time ordering her a little claret or red wine in water for her drink, or an ounce and a half of burnt hartshorn and its shavings, to be boiled in three English pints of water to a pint and a half, adding a little cinnamon at the end of the boiling, and some loaf-sugar, to give it an agreeable taste.

THIRDLY, The child in the womb, from conception to the birth, is generally supposed to lie in a longish round shape, with the chin resting on the breast, the thighs pressed along the belly, the heels touching the hips, and the face placed between the knees, while the arms cross each other round the legs.

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The head, for the most part, is downwards to the lower part, and the feet to the upper part of the womb, with one side towards its back, and the other towards its fore-part; the face at the same time being more backwards than forwards.

On the contrary, some are of opinion that the head of the child is, for the most part, if not all the time, upwards, &c. But be that as it will, it is of little or no consequence, and the child lies as well in one as the other posture.

It is of more moment to know what place of its head presents to the touch of our finger, towards or at the approach of true labour.

Thus, when the crown of the head rests above the brim of the basin, and is not far advanced, we feel, even before the bag of waters breaks, what is called the fore-fontanelle, or the soft open part of the child's head turned

upwards, and commonly towards the side; being very sensible of the four seams of the skull that are in that place, or rather one seam crossing another, as these bones of the head are generally a little separated from one another.

When the crown of the head comes lower down, we only feel the seam which runs along the middle of it; the fontanelle, in the progress of its descent, being commonly turned more upward and backward to the side of the basin, or towards the back of it, or hollow of the rump-bone.

LASTLY, When the hind-head comes down to the hip-bone of the contrary side, or below the under part of the share-bone, we feel the seams crossing each other at the back of the head, called the back-fontanelle, together with the ear at the share-bone. But all these things we can more easily and distinctly feel after the bag of waters

waters is broke, and the water discharged a little, especially when the head is so compressed, that the bones ride over one another; unless the hairy scalp is very much swelled indeed.

Some of the most common symptoms of this kind of labour are, a great swelling of the head, and a great discharge of water, which is usually attended with a great deal of pain, and sometimes with a great deal of difficulty in breathing. The water is usually discharged in great quantities, and the head is usually very much swollen. The pain is usually very great, and the difficulty in breathing is usually very great. The labour is usually attended with a great deal of pain, and sometimes with a great deal of difficulty in breathing. The water is usually discharged in great quantities, and the head is usually very much swollen. The pain is usually very great, and the difficulty in breathing is usually very great.

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PART II.

CHAP. I.

Of NATURAL BIRTHS.

FIRST, We shall divide natural births into two kinds; namely, quick and lingering.

A quick natural birth is that in which the crown of the head presents, and the woman is soon delivered by the true pains and ordinary assistance; whereas in the lingering, it takes up several, perhaps many hours.

The progress of a natural birth is after the following manner. When a woman has got to the end of her reckoning, without mistake, and safely, true labour begins; at which time upon touching, we feel the inward mouth of

of the womb soft, and a little opened, as it were a ring, sometimes thick, but more commonly thin: from it a thickish humour is discharged, which renders the parts slippery, and prepares them for stretching.

This discharge usually begins some days before, and is accounted the forerunner of true labour; at the same time the woman is seized every now and then with slight pains, which gradually stretch the inward mouth of the womb wider and wider; and when labour actually begins, the pains extending downwards become more frequent, strong, and lasting.

If the child swims in much water, then the womb does not touch its body, but at every pain the bag is pushed down by the waters it contains; and the inward mouth of the womb being sufficiently opened by this gradual stretching, it is forced down into the middle of the passage, when the
womb

womb touches the child ; and if it be small, the head advances with the waters, and the bag usually breaks : but if not, then it is pushed more along towards the outward mouth, which it also gradually opens, and appears on the outside thereof like a full bladder.

The head still advancing, the outward mouth of the womb is widened, and at the same time pushed outwards ; when, if the bag, instead of bursting in the middle, is tore all round at the edge, the child's head is covered with some part of it, called the king's-hood. If the cake is at the same time separated from the womb, and the bag remains unbroke, then the bag, waters, and child are delivered together ; but if the cake sticks fast, the bag must give way : and should it be tore all round from the cake, the greatest part of the body, as well as the head of the child, will be intangled by it, from which
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it must be immediately taken away, else the child would be stifled.

When the head of the child happens to be large, so that it does not descend quickly into the basin, the bag is forced down by itself, and being stretched thinner and thinner, gives way; when all the waters, which are farther advanced than the head, run out, and the womb now touching the body of the child, the head is squeezed down into the inward mouth of the womb, and thereby stops the remainder of the waters from running out.

Again, when the waters happen to be very little, and the womb embraces the body of the child, its head covered with the bag is forced downwards, and gradually opens the inward mouth of the womb; but when it is come towards the middle of the passage, part of the waters will be pushed before it, sometimes in a large and sometimes in a small quantity, towards the back of the

the basin : at other times, when the waters are in small quantity, no part of them is to be distinguished farther than the head of the child, which coming down lower and lower, the bag wore thin, is split on the head ; while at the same time it fills up the mouth of the womb, so as to hinder the remaining waters from running off at once ; though in every pain a little escapes on each side of the head, which, as has been observed, rendering the parts slippery, the child will slide along the more easily.

LASTLY, The crown of the child's head, by the pains growing stronger and stronger, is pushed to the lower part of the hip-bone, the fore-head into the hollow of the rump-bone at its lowermost part, and the hind-head below the share-bone ; from whence it rises in a turn upwards, gradually opening the outward mouth of the womb, and stretching out the parts
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all round about it into a large swelling. When the hind-head is so far advanced, that the back part of the neck is come below the share-bone, the fore-head forcing the moveable end of the rump-bone backward and downward, and the hind-head rising from under the share-bone in a half-round turn upwards, the whole head is suddenly delivered, and immediately the rest of the child's body ; and soon after the womb-cake, or after-birth, being loosened from the womb, comes away, and makes the delivery complete.

SECONDLY, When any little assistance is required in these births, which is but seldom, perhaps not once in five hundred times, the mother is to be placed in a proper posture, that she may be delivered with as much ease as possible.

This is different in different countries. Some women are delivered sitting

ting in arm-chairs, or on stools of particular contrivances; some kneeling on a couch, or lying in a bed, or even standing in the floor covered with soft coverings of blanket, &c. Herein we conform generally to the particular custom of the country where we practise; or use the following method, with little variation, in laying women.

When the labour-pains are come on, we allow the woman either to sit, walk about, or rest upon her bed, until the inward mouth of the womb is pretty much opened by the weight and pressure of the waters; or when they are small, by the child's head, so that the delivery is soon expected, then we lay her on one side, with her knees bent up to her belly, and sufficiently opened by a pillow laid between them, if we foresee that the labour will be easy; or we place her as it were half-sitting, half-lying on a chair or bed, if we think that it will prove more difficult

difficult or hard ; or lastly, we place her on her knees and elbows in a low couch : which last posture we find most serviceable, when the head does not advance altogether in the right way, or when the child is otherwise unnaturally postured in the womb ; and in which position of the woman we can use either hand in delivering her, whereas in the first posture we must use our right-hand when she lies on her left-side, and our left-hand when on her right side.

We take care, however, not to place her in any of these postures too soon, or put her on labour too early, or fatigue her too much, which might be attended with fatal consequences to mother and child.

LASTLY, We so order the bed and things about and below her, as to keep both it and ourselves clean, that after delivery she may be taken up, shifted, and laid down again with little
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or no fatigue, and without being in danger of fainting, which in some women might end in death.

THIRDLY, If it happens that the true pains being come on, the labour shall be tedious, it occasions what we call a lingering birth, and proceeds from a natural stiffness or straitness of one or both mouths of the womb, which open with great difficulty: a case incident, for the most part, to women who are with their first child, especially if they are of a dry constitution, or much advanced in years.

In this case, and indeed more or less in every case, where the parts are in any degree rigid, dry, or inflamed, we begin with making soft and slippery the mouths of the womb and the parts all around, by anointing the outward with hogs-lard, or soft swines seam, and the inward with hard fresh butter, anointing at the same time our fingers and hand with the same; which done,
we

we next widen the outward mouth of the womb slowly and gradually in every pain, by introducing our four fingers and thumb closed lengthways, as it were like the small end of a sharp-pointed sugar-loaf; and turning them round therein backward and forward gently, we gradually stretch that, and the passage of the womb, and inward mouth, one after another.

Our whole hand being thus got into the passage, we sometimes find it necessary, while the labour is going on, to insinuate our fingers, with the flat of the hand, between the child's head and the inward mouth of the womb, otherwise it might be pushed before the head, especially that part of it next the share-bone, even through the outward mouth; or if the head passes the inward mouth, it might push out the parts at the outward mouth, and endanger that deplorable tearing of the seam of the hips above-mentioned, laying

laying the two openings of fundament and womb into one.

We make, therefore, this artificial widening of the mouths and passage of the womb very cautiously, and never unless absolutely necessary ; and even then leisurely, and in time of a pain, when the woman is least sensible of the widening force of our hand.

It sometimes happens in these kinds of births, that although every thing be in a right way, and the parts need little or no extraordinary widening, yet the labour being a little tedious, the woman becomes anxious and impatient to wait the due time of her delivery, whereby she greatly hinders the same, and makes it become more lingering.

This disposition of mind we endeavour to remove by reason or suitable arguments ; or which may answer the same end to please her, we order some mild cordial mixture from the shops
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of some ounces of spear-mint waters, an ounce of cinnamon water, with a little confection of alkermes dissolved therein, and a few drops of sal volatile, and as much syrup of sugar as makes it palatable, to be taken by spoonfuls now and then throughout the day; giving her a few drops of laudanum, or three quarters of an ounce of syrup of poppies at night; whereby we often at once allay her uneasiness, and gain time, wherein nature may operate, and bring about the desired end.

If, on the other hand, the woman should be really low, weak, or exhausted, we prescribe the same kind of mixture for the nerves a little stronger, to raise her spirits, and promote the circulation of the blood and birth at the same time; or we use the powder for promoting the birth of the Edinburgh Dispensatory, or with the good women order her some drops of oil of amber in her drink, twice or thrice a day, together

gether with strengthening and nourishing food, of broths of young animals, milk, meats, rice, &c. and wine and water for drink, or good fresh ale or beer, but not strong.

LASTLY, If a woman should appear full of blood, her face being of a florid or ruddy colour, and her pulse strong and somewhat quick, we take some blood from her; and if she be costive, or bound in the belly, order her the softening cooling clyster, as before-mentioned; or the quantity of a large nutmeg or more of lenitive electuary every night and morning fasting, till that complaint be removed, repeating it now and then as there is occasion; and to drink between whiles plentifully of some weak diluting drink, as toast and water, whey, or thin water-gruel, with a little milk and loaf-sugar mixed, together with a draught of some cooling decoction, two or three times a day, as a quarter
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of an ounce of salt-petre, boiled for about a quarter of an hour in a quart of water, and sweetened with loaf-sugar.

By the use of these medicines inwardly, and our hands outwardly and artfully applied, as shall be presently shewn, we generally find the head to come easily along, and be quickly delivered.

If the body of the child does not soon follow, we deliver it by applying our thumbs to the hind-head, our fore and middle fingers being extended along each side of the neck, with the third and fourth finger of each hand supporting each side of the upper jaw, and then pull straight forward; and if it thus does not move easily along, we increase the force of pulling, at the same time shoving gently, equally and slowly from side to side, when the body will come along, and the child be safely delivered, and the

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after-burden soon after of itself, otherwise we deliver it as shall be shewn by and by.

FOURTHLY, It happens sometimes that the navel-string being long, and the waters surrounding the child in greater quantity than usual, a noose is formed on it, while the woman is in the first months of her going with child; and as the child is floating about, its neck or body gets into the noose: at other times, a tight knot is made on the string itself, whereby the circulation of the blood being wholly stopped, the child dies. Hence it is, that in the former case, when the child advances to the birth in a fair way, after the labour-pain is abated, the head is again drawn back by the child, being thus intangled in the navel-string.

The same thing happens, when the shoulders, instead of advancing, are stopped at the brim of the basin, one resting over the share-bone, while the
other

other rests on the jetting-in of the rump-bone; as also when the waters having been long gone off, the hinder part of the womb contracting or squeezing round the neck and before the shoulder of the child, keeps up its body.

In these cases, when we find the head is drawn back, and delivery hindered during several pains, we introduce one or two fingers into the woman's fundament before a pain goes off, so far up, as that we can press on the child's fore-head about the root of its nose, avoiding the eyes as much as possible; hereby we detain the head till the return of another pain, which squeezes it farther down, while we with our fingers pushing slowly and gradually, turn the fore-head half round outwards and upwards: and thus the pains continuing strong, the child's head is effectually forced along even with the navel-string twisted

about the neck, and delivered. At other times also, when the head is very low, we can frequently do the same by pressing a finger outwardly on each side the moveable end of the rump-bone.

If it happen, that after the head is delivered, the body is retained by the contraction of the outward mouth (for this seldom happens from that of the inward mouth of the womb) and that even after the face is felt on the outside, or if it should be detained from its largeness, or the wrong position of the shoulders, or from the navel-string being twisted round the neck or body of the child, we embrace the head as in the last case, and pull along first straight forward; or if this does not answer, we vary the direction from side to side as above-mentioned.

If the body cannot yet be moved along, altho' as much force as possible has been used, without over-straining
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the child's neck, we try to slip the turns of the navel-string over the head from off the neck of the child : but if that be impracticable, we slip up one or two fingers, either above or below to one of the arm-pits, and endeavour to bring out the body, while at the same time, with our other hand, we pull at the neck ; if the body do not yet yield, we shift hands, letting the other arm sustain the force.

Lastly, If all these means prove unsuccessful, we cut the navel-string, and tie it afterwards. If the shoulders of the child lie so high, that our fingers cannot reach far enough to take sufficient hold or cut, we run the flat of our hand along the child's back ; or should the outward mouth of the womb be strongly contracted round the neck, we push up our hand along its breast, and pull as before : or this failing, we introduce and try to fix our finger in the arm-pit, and at length

bring about a delivery, by pulling along cautiously as before.

FIFTHLY, When the bag that contains the waters is strong and tough, or is not pushed down far enough, and continues so long unbroken, that the delivery is thereby hindered, we immediately endeavour to break the bag, if the inward mouth of the womb is sufficiently open for that end : and there is the greater necessity for our doing this, if the woman has been before much spent with labour, or has been seized with a great flooding ; because by breaking the bag, we not only hasten delivery, but lessen or quite stop the flooding, and save both mother and child.

In breaking the bag, we first thrust our fingers against it at that time, when it is pushed down during a pain ; or this failing, we then pinch it with the nails of our thumb and fingers.

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If it is kept up too high to be broken in this way, we introduce our hand into the passage, if the outward mouth of the womb is wide enough to admit it without much pain to the woman, otherwise the fore and middle fingers only : then we direct with our other hand a pair of sharp-pointed scissars along and between them, and cautiously pierce through the bag just at the time when it is pushed with the waters below the head ; whereby, if never so small a hole be made, the waters will be discharged with sufficient force to tear the bag asunder.

Thus, having got the bag broken, and the waters lessened, as much as to allow the womb to contract and squeeze along the child, we then, with the assistance of the pains, soon deliver the woman, as has been above-mentioned.

SIXTHLY, Sometimes no waters can be felt, while the head of the child

is no farther advanced than the upper part of the basin, because it stops up the passage, so as that there is but a very small quantity gets down toward the back part from the squeezing of the womb, after the head has advanced downward a little; then as the head descends more and more, being pushed farther down, we can easily break the bag: but when no waters come down, and the bag is close upon the head, we can scarcely even do it, when we squeeze or press against the head, till we scratch it with our nails; by which wearing thinner and thinner, it at length splits upon the head by the force of labour.

It is to be observed here, that we never try to break the bag, unless we are certain that the delivery is hindered by its stiffness or toughness; because this hinderance may happen also from the woman's weakness, from the basin being narrow, or the head of the child large,

large, and then we leave it to nature; for if the waters, which serve to keep the parts moist and slippery, were too soon let out, thereby the delivery would be much hindered, while in time the head coming down by the pains, so far as that the greatest part of it is past the upper part of the rump-bone, upon breaking the bag, is delivered thus before all the waters are gone; and which moistening the parts of the woman, we deliver the body with the more ease and safety as above.

Lastly, The crown of the child's head is sometimes forced through the brim of the basin down to the inward mouth of the womb, the waters happening to be but little or none between the bag and it, and gradually opens it, and still advancing and arriving in the passage of the womb near to the outward mouth, the bag splits, and little or no waters come away, until the body be delivered; for feeling plainly

the hair of the child's head, we are sure the bag is tore: but if we do not feel the hair, but smooth skin, and the woman has undergone many pains, even after the inward mouth of the womb has been largely widened by nature, and our hand forced into the middle of the basin; as we know that in this case, the coming down of the head is hindered by the toughness of the bag, we break it, and quickly after the head of the child is delivered, and we bring away the body as usual.

SEVENTHLY, In most natural labours, the crown of the head presenting to the inward mouth of the womb, we observe the fore-head turned to the side of the brim, especially if the basin be narrow; yet, as it is forced down, it turns into the hollow of the lower part of the rump-bone. But if at any time it should stick in its former situation, introducing our hand, or at least some fingers, into the passage,

sage, we endeavour to set it to rights.

However, generally, when the head presents, and is forced along in such position, we do little else but encourage the women to bear down with all her strength in every pain, and rest during the intermissions of the pains, managing the rest of the delivery as has been already mentioned; particularly as in the case of those births that are lingering from stiffness of the parts of the women: only here we usually order, if costive, the common injection, together with about ten grains of Matthew's pills in two, to be taken afterwards to promote the birth.

EIGHTHLY, After the child is born, if the womb-cake or after-birth comes quickly away, as generally happens in natural births, and the child is living and well, we forthwith tie and cut the navel-string, and order the child's head to be covered with a warm cap, and

put under the bed-clothes, or its body to be covered with a warm flannel or linen cloth.

If there is no token of the after-burden coming away soon, and no flooding obliges us to hasten its delivery, we rather let it alone a while, and allow the mother to rest a little, and the child recover.

If the child happens to be born very weakly, before we tie and cut the navel-string, we deliver the after-burden. In this case, or when it does not breathe, we endeavour to restore it by ordering the child to be kept warm, moved strongly, or even whipped; or its head, temples, and breast to be rubbed with spirits, garlic, or onions; or mustard to be applied to the mouth and nose: and lastly, when there is not the least appearance of its reviving, we may blow into its mouth with a pipe or silver canula, whereby it has sometimes surprisingly recovered.

If

If then either the child is born lively, cries and breathes well, or when otherwise is recovered by the above or the like means, we proceed to tie and cut the navel-string in the following manner.

We provide a strong thread or two, of about six or eight fingers breadth long, composed of three or four small threads waxed together, so as to equal about the bigness of a common pack-thread ; and having knotted it at the ends, we tie therewith the navel-string about two fingers breadth from the belly of the child, by making at first only one turn, if it be small, and two knots : but if the navel-string be thick, we make two more turns, and a double knot, always taking care to draw the thread so tight as to prevent a bleeding ; which, if it should happen, we make another tying below the former, else the child might bleed to death : then we cut the navel-string with a
pair

pair of good scissars, which before cutting we run up to the joint of the blades, that it may be done with one snip, about a finger's breadth or so from the tying towards the womb-cake.

After this, we wrap a soft linen-rag round the navel-string, and double it up along the belly of the child, and apply a thick compress of linen folded three or four times double, keeping it firm or moderately tight, so as not to affect the child's breathing, with a roller or bandage round the belly, or with what is called the belly-band.

This part of the navel-string shrinks, turning first blue, then black, and about five or seven days falls off close to the belly.

It is observable, in what place soever of the navel-string the tying is made, it will still drop off close at the navel; so that the ruptures of the navel do not always depend upon the tying of
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the navel-string, but may happen when the compress and belly-band are not kept sufficiently firm, and continued even some time after the tied part has withered off from the belly, especially in children that cry much.

When in tedious labours it happens that the head of the child has been lodged long in the basin, so that the bones ride over one another, whereby the head is unnaturally lengthened out, the brain is then often so compressed, as to cause violent and sometimes mortal convulsions soon after delivery.

To remove these, we either cut the navel-string before it is tied as above, or tie it so slightly as to allow two or three large spoonfuls of blood to be discharged.

If when there has been great force used in the delivery, any mark or bruise appears on the child's head, we order it to be anointed with pomatum, and gently chaffed or rubbed up with a
warm

warm hand before the fire, whereby it generally wears off.

But if upon examination we find the child has received no hurt in the birth, then there is nothing more to be done, but to look after the navel-string. The compress on it we continue for some time, and moderately tight, to prevent a rupture at the navel as aforesaid. In children that cry much, we keep it still a longer time on, and tighter, only not so tight as to be uneasy in any degree to the child.

We undo and examine the part every other day, and when it drops off, apply a pledget of dry lint to the navel, and over it a compress and bandage, continuing these dressings for several weeks, more or less, as there is occasion.

During the washing of the child, which may be done first before the navel-string is tied and cut, with a little warm water or sope, or milk and water,

water, especially its scalp, arm-pits, and groin or flank; and while it is dressing, we order it to be kept moderately warm, particularly in its head and breast, and its body to be kept tolerably tight in its clothes for the conveniency of handling it, and to prevent its catching cold, if it be weakly.

If it be strong and full-grown, it may be clothed more loosely, because then it would suffer much by too great a tightness in its clothes, yet neither should it be over loosely clothed, but in a middle way between these extremes. The clothes must be moderately warm too, and so ordered, that the child's legs, when it is awake, may be at full liberty: and lastly, all along as few pins as possible should be used, not any but what are absolutely necessary, and that with all the care imaginable.

NINTHLY,

NINTHLY, The navel-string being tied and cut, and the child managed as above directed, we in the next place deliver the after-birth, unless it has been forced down by the labour-pains immediately after the child: but first we let the woman rest a little, as already mentioned, to recover from her fatigue, and that the womb may, in contracting, have time to squeeze off the cake from its inner surface; during which time also, about two or three tea-spoonfuls of blood is discharged through the navel-string from the cake, whereby being lessened in bulk, the womb may be more easily contracted, which is the reason that we apply but one tying on the navel-string, and the after-birth generally comes away of itself in about a quarter of an hour, more or less, according to these circumstances.

If some pieces of the after-burden should be even left in the womb, provided

vided no great flooding attend, they commonly come away of themselves in a day or two, without any harm to the patient; yet we take care, if possible, even with our hand, to deliver it intire and at once, although some are of opinion, that the fragments or remains should always be left to nature.

Nature, generally of herself, (as has been said) discharges the after-burden; and it is very rare, perhaps not once in fifty times, that we have occasion to separate it with our hand from the womb, as it comes along by the common assistance of pulling at the navel-string, and the woman's forcing down. And as the mouth of the womb may as easily be stretched some hours after delivery of the child, as at any other time, we never use our hand in the womb but when there is an absolutely necessity for it, which ought carefully to be remembered.

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The ordinary and more extraordinary way of delivering the after-birth, when necessary, is as follows. We take hold of the navel-string with our left-hand, turning it round the fore and middle fingers, or wrapping it in a cloth, that it may not slip from our grasp, and so pull gently from side to side, desiring the woman at the same time to assist our endeavours, by straining as if at stool, blowing into her hand, or provoking herself to vomit by thrusting her finger or a feather into her throat, &c.

But if by these means it cannot be brought away, we then of course introduce our hand slowly and gently into the womb, and feel for the edge of the cake; which having found, we pull it gradually along; and as it comes out at the mouth of the womb, we take hold of it with both hands, and deliver it, taking particular care, as aforesaid, to bring away all the skins, which

which when sticking we pull along with great leisure and the utmost caution.

When the navel-string takes its rise towards the edge of the cake, which is often the case, it comes easier off by pulling than when it takes its rise from the middle, unless it be uncommonly retained indeed, by sticking fast to the womb, or by the strong contraction of its inward mouth.

If the navel-string is fixed to the middle of the womb-cake, and that part presents to the mouth of the womb, the whole lump will be too bulky to come along in that position; in which case we introduce two fingers within the middle of the womb, and bring it down with the edge foremost.

When the cake is separated by the contraction of the womb, by reason of its weight, it is pushed down before the skins of the bag, and both are brought away inverted, or turned inside out.

When

When part of the cake has passed the inward mouth of the womb, and the rest of it cannot be brought along by easy pulling, because the mouth of the womb is close contracted round the middle of it, or part of it still sticks to the womb, we slide the flat of our hand below the cake through the inward mouth; and having widened the womb itself, we slip down our hand to the edge of the cake, and bring it along; but if it sticks to the womb, we push up our hand again, and having separated it gently and very cautiously, we deliver it as before.

If instead of finding the edge or middle of the cake presenting to the mouth of the womb, we feel this last closely contracted, we take hold of the navel-string, and slide our other hand along the string into the passage of the womb; then slowly push our finger and thumb joined lengthways through its inward mouth along the said string
to

to the place of its rise in the cake. Here letting our hand rest, we feel with our fingers to what part of the womb the cake sticks. If it be loose at the lower edge, we try to bring it along; but if it sticks, we separate it as gently and slowly as possible with the back of our hand to the womb, (the nails of our fingers being short and smooth) pressing the ends of our fingers more against the cake than the womb; and if we cannot certainly distinguish which is which, because both feel soft, (though the womb is firmer than the cake, and this last more solid than clotted blood) we slide down our fingers to its edge, and conduct them by the separated part, pressing it very gently from the womb, 'till we get the whole separated.

Sometimes when part of it is separated, the rest loosens and comes away by easy pulling at the loosened part; but if this is not done with ease, we
separate

separate the whole very cautiously. Sometimes also, by grasping the inside of the cake with our hand, the whole will be loosened without further trouble.

As the cake comes along, we slide down our hand, and take hold of the lower edge, by which we fetch it out, as being too bulky to be brought off in a heap, keeping our thumb or fingers fixed upon the navel-string, that we may prevent its tearing, and so bring it off as whole as possible.

When the woman lies on her back, and the cake sticks to the left-side of the womb, we can separate it easiest with the right-hand; but if it sticks to the right-side, with our left-hand. When it sticks to the forepart, back or bottom of the womb, either of our hands equally does.

The nearer the cake sticks to the inward mouth of the womb, the easier it is separated, and the farther off the more difficult.

If

If the cake sticks to the bottom of the womb, and all the lower part of the womb is strongly squeezed together, we force up our hands and fingers lengthways, and gradually stretch the inward mouth wider, which we do very slowly, when great force is required (as is the case when the womb has remained contracted for some time) resting between whiles, that our hand may not be cramped, nor the womb tore, at the place where it joins with the passage.

In widening the womb, we either cause a person to press with both hands on the woman's belly to keep down the womb to us, or while we are pushing up with one hand we keep it down ourselves with the other. When we have thus got the great contraction of the neck overcome, we push our hand up to the bottom of the womb, and separate and bring the cake off as above.

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If

If the womb should be contracted in the middle like an hour-glass, which seldom happens, we use the same method as last mentioned.

When two children or more happen to be in the womb at one time, each has a separate cake with a navel-string. Sometimes these cakes are altogether distinct, and sometimes form but one.

At other times, though very seldom, twins may have but one womb-cake common to both children, whether there be two bags or not. In this case the cake of the first seldom comes along until the second child be delivered; but as this does not always happen, we take care to satisfy ourselves (See Part i. Chap. iii.) that nothing is left in the womb, when the cake comes off of itself.

Both children being delivered, we bring off both the cakes, if they come not away of themselves. If they form two distinct cakes, we separate first one and then another; but if they are joined

joined together, forming but one lump, we deliver them at once, as has been said.

Lastly, in all cases, and especially when the cake has been delivered with difficulty, we introduce our hand with much caution and tenderness afterwards, to feel if any part of the womb has been pulled down, (which seldom happens to a skilful practitioner) and if there is, we push it gently up, and rectify it as soon as possible; at the same time clearing it of all clotted blood that may happen to remain in it, which otherwise might occasion violent after-pains, or worse evils.

TENTHLY, As soon as the mother is delivered of her child and after-burden, we order a soft warm cloth to be applied outwardly to the parts, spreading some pomatum on it first, if she happens to complain much of smarting foreness, her belly to be kept firm with a broad roller pinned across,

and the foul things about and under her to be taken away, and exchanged for others that are clean, dry, and warm.

We advise her to lie on her back with her legs stretched down close together, though we do not hinder her to lie on her side, if she thinks she can be easier in that or any other posture, till she is recovered from her fatigue; giving her, if exhausted or much spent, a little warm drink, made of gruel, ale and sugar, called caudle, (see page 79.) or a small draught of white wine; or if she is too weak to be raised, or in danger of reachings to vomit from her stomach being overloaded, a little nutmeg and sugar grated together in a spoon, or a mild cordial stomachic draught of an ounce of mint-water, half an ounce of weak or barley-cinnamon-water, and juice of lemon, twenty grains of salt of wormwood, ten grains of magnesia alba, and ten drops of
fal

sal volatile sweetened with syrup of sugar.

When the woman has in some measure recovered her spirits and strength, we order the cloths to be removed from the parts, and others to be applied in their room as before; and also if there be a large discharge from the womb, (called the cleansings) the wet linen below to be shifted, that she may not catch cold; cautioning those that attend her not to take her out of bed when she is either weak or faintish, or so much as to raise her up to shift her head and body, until she is a little recruited, as she might be seized with such a faintness, if not convulsions, that might prove mortal.

To prevent faintings which are apt to happen, especially after a quick delivery, we order her belly to be kept moderately pressed, or as much as she can easily bear with a pretty broad roller or fine towel; always directing

a person immediately after the child is born, to keep her belly firmly pressed with the hands, till the roller is got ready to be applied, or a small sheet, which may answer. But these things we vary, according to the different circumstances of the women, and custom of the country we live in.

The head-cloths and shift are to be changed too, because with sweating in time of the birth they are rendered wet and disagreeable.

If there hath happened by the delivery inflammations and swellings of the parts, they generally wear off in time by rest, especially if the cleansings and sweatings of her body are in sufficient quantity.

But if they are so violent as not to be abated thus naturally, we take away some blood from her arm, and order the common milk injection, though in smaller quantity, and more cautiously than ordinary in this state of so great
pain

pain and weaknefs, while at the ſame time we order ftupes or fomentations to be applied to the parts affected, made of marſh-mallow leaves, camomile, and elder-flowers, boiled ſtrongly in water, putting ſome ſpirits of wine and camphire in as much of the liquor at night and morning as is ſufficient to bathe them for about a quarter of an hour, with two pieces of flannel dipped therein, and ſqueezed out of it very warm by turns; immediately after each time applying a warm poultice, made by thickening ſome of the ſame liquor with crumbs of wheat-bread or oat-meal, and the ſoſteſt of the boiled herbs chopped or cut very ſmall.

If no ſwelling or accident has happened to the woman from delivery, but every thing is in an ordinary way, we injoin her for the firſt five or fix days to drink plentifully of barley-water, oat-gruel, weak chicken-broth, or caudle, which is a drink made of

thin water-gruel, boiled up with mace and cinnamon; to which, when strained, is added about a fourth part of ale, or less if she has a great thirst, and sweetened with sugar to her taste; also white wine may be added instead of ale; and eggs may be mixed with either of these caudles: though, when they are mixed up with them, she should not use flesh-meats, or even broths, till after the sixth day; taking care also, that the above things be made weaker or stronger with the cinnamon or mace, ale or wine, according to the constitution and other circumstances of the patient.

If she is low from any extraordinary discharge, or if the weather is very cold, the caudles and broths should be made the stronger. But if she is of a full habit of body, and inclines to be feverish, or if the weather is very hot, these things must be made weaker.

In

In general we order food that is light and easy of digestion, such as well baked wheat-bread or bisket, panada, or bread-berry, or sago and rice; the first boiled in water with wine and sugar, the other in milk. We allow her a little boiled chicken, or even other solid food after the ninth day; at least the lightest kind of young animals, as mutton, lamb, &c. which may be taken sooner or later, according to the circumstances of the case, and her appetite, in small quantities at a time, and often through the day.

We strictly injoin also, that she be kept as free from noise as possible; and, if restless, give her a spoonful or two of the quieting mixture formerly mentioned occasionally, or fifteen drops or more of liquid laudanum, in a little white wine and water at going to rest. She is then to be kept quiet in bed for four or five days, when she is to be gently lifted up in the bed-clothes in

a lying-posture in such weakness and lowness of spirits, until the bed is made, into which she must be laid again immediately, and there to remain for four or five days more, when probably she will be out of danger.

If she recovers but slowly, as is the case with some women, she is to be treated in the same manner, and with the same caution, even after the ninth day from her delivery as before it: though there are others, who from the nature of their constitution get up, walk about, and recover in a very short space of time; but these are greatly in danger of a fever being brought on by their rashness and forwardness.

If the woman should be bound in her belly, we order her the softening injection above-mentioned, or the bigness of a walnut of the lenitive electuary night and morning to be given till it becomes open: and if it is accompanied with a stoppage of her urine,

urine, the same things are proper, if at the same time the last mentioned fomentation, with the addition of parsley, but without the spirits of wine and camphire, be applied in the same way, as there directed, to her belly: Or which may answer as well, a couple of bladders half full of warm water, applied by turns to the same part, first of all taking a little blood from her, if she be of a sanguine habit, or there appears to be overmuch blood in her constitution, known by the signs formerly given.

Above all, there is nothing contributes to a woman's recovery so much as the free discharge of perspiration, or the breaking out of a breathing sweat; which is so necessary thereto, that unless she has a moisture continually over her whole body for some days after she is delivered, there is no great hopes of her recovery.

This is directly promoted or increased by the means already mentioned, namely, rest, quietness, and sleep, either naturally or procured by art as above directed, especially in the beginning. And during all the time of her illness, as well before as after the delivery, we caution her against giving way to the passions of the mind, as grief, sorrow, fear, or even joy, &c. as being always dangerous, and sometimes, if excessive, mortal.

LASTLY, In order to the woman's complete recovery, we sometimes prescribe a few purges, as that of senna-leaves taken by way of tea, half a drachm of powder of jalap and salt-petre, mixed and taken in a draught of weak ale or water-gruel warm; or a purging draught made up of half an ounce of tamarinds, a quarter of an ounce of senna, and half a quarter of an ounce of cream of tartar, boiled in four ounces or a gill of water to
two,

two, and dissolving a quarter of an ounce of manna, and as much Glauber salts when strained and warm, making it stronger or weaker as the patient requires, and giving them once or twice a week accordingly in the morning fasting, to purge any superfluous humours out of her body that may remain at the end of the month after her delivery.

Those women, who have their cleansings in sufficient quantity, and of long enough standing, and have plenty of milk, and suckle their own children, commonly recover well without any purgatives or other medicines, the humours being drained off that way, especially at the nipples. Yet if there should be any complaints after the twentieth day, it will be necessary to give some of the purges above-mentioned, after taking first away a little blood with the lancet.

If

If a woman has pretty well recovered, the milk having been sucked or discharged from the nipples, and afterwards discussed, (See Part ii. Chap. ii. Article 4.) no purging of any kind is needful before the third or fourth week; sometimes not till after the first flowing of her courses, which is commonly about the fifth week, when, if they do not come down of themselves, we bleed her in the arm or ankle, and give her some of the above purges, or twenty grains of jalap-powder, with eight grains of sweet mercury, the same way every now and then to promote that discharge, &c.

To conclude what relates to the management of mother and child, we shall just mention a little about nursing. If a woman cannot suckle her child, which would be most beneficial to her own recovery as well as the health of her offspring, we order her a proper nurse,

nurse, one at least who has good milk, which is known by these marks:

1. The younger her milk is the better.

2. It should flow in plenty from her breast, at least in sufficient quantity, for the nourishment of the child, which will appear from the good appearance of her own child.

3. It must be of a right consistence, which is known by dropping a little of it on the nail of the finger, about two or three hours after she has eat and drunk and suckled her child; when, if it stands or remains thereon, not in a round but flat figure, it shews the consistence of it to be good.

And lastly, it ought to be of a sweetish taste, and blueish rather than yellowish colour, having a bright clearness in a glass, when a little therein is dashed up on its side: all which bespeak its being of a good quality, and proper for the purpose of nursing.

In

In case her child is to be brought up by dry nursing, which is sometimes necessary, as proper wet-nurses cannot be always had; and some children will not, and others because of some impediment cannot suck; though it is certain that wet-nursing, and that by the breast of the child's mother, is most natural and nourishing for it. Here we order food that is simple and light, as most proper to supply the place, or what resembles the mother's milk as near as may be, as thin panada, bread-berry, or water-gruel made of loaf-bread or oat-meal, boiled and mixed with cows milk, and sweetened with a little sugar; or if the child is bound in its belly, rather with honey or manna.

C H A P. II.

Of UNNATURAL BIRTHS.

FIRST, Unnatural births may be divided into two sorts also; to wit, those that are commonly treated distinctly under the different names of laborious and preternatural.

A birth is called laborious, because although the head of the child presents, yet as it is more or less turned from a natural position, the labour proves always hard and difficult, and requires extraordinary force, both in stretching the parts of the mother, and delivering her; which last cannot be done often without the help of instruments.

In these births, when the fontanelle or open part of the child's head presents (which is seldom) it is the least
remove

remove from the natural position, but the rarest case of laborious births. Here the forehead bulges or shoots out greatly by the hard labour, while the crown of the head is rather pressed into a flat form or shape.

This bulge is most frequently found backward, forward, or on either side, at a little distance from the crown, which is the first part that is pressed down by the pains, whence other and more common causes of laborious births; in all which the head of the child is brought along with greater difficulty than in those where the crown is first presented, and turned from a round to a long shape.

Sometimes the forehead is forced towards the groin and share-bone; at other times the open part of the head presents with the forehead to one side of the basin's brim, and the hind-head to the other, and is squeezed down not far from the natural position; or the
ear

ear may present itself there when the crown will be first forced down, &c.

If the forehead be nearer than the crown to the middle of the brim of the basin, it will be forced down ofteneft in the shape of the small end of a sugar-loaf.

But if instead of the crown or forehead, the open part of the head should present, it will come down in a sharp ridged form, which happens seldomeft.

When the forehead presents, the face is sometimes pressed forwards; at other times the crown is towards the rump-bone, and the forehead to the groin or share-bone as aforefaid; in all which positions, which are indeed different according to the different figures of the head and basin, and postures of the child's body in the womb, the birth is always difficult and dangerous. These things premised,

In order to deliver in unnatural births, there is, as aforefaid, an absolute

lute necessity for the assistance of instruments, the names whereof, at least, it will be proper now to give before we enter upon them.

These then that are chiefly in use for that end at this day are,

1. A blunt-pointed extractor, called the forceps, contrived so as to draw out the child alive with the help of our hands.

2. A sharp-pointed extractor, called the crotchets, together with a pair of long small scissars, with stops in the middle of their blades, for drawing the child dead from the womb.

3. A double blunt hook for assisting in delivering the child, whether it be alive or dead in the womb.

As a notion of the form of these instruments, as well as of the basin and womb before described, is much better formed from seeing them, than can be from any description or figure of them on paper, we shall wave that, and proceed

ceed directly to shew the manner wherein they are used, beginning with the easiest and simplest case in the illustration thereof, and going gradually on to the more difficult and complex, whereby their end and design, as well as necessity, will the more appear.

SECONDLY, When the head of the child presents with its forehead to the rump-bone, the hind-head to the share-bone, and the ears to the sides of the basin, declining or varying a little therefrom; the head at the same time being pretty far advanced in the basin, as it commonly is in this case; but it sticks so fast there, that neither the woman's pains, nor our hands alone, can bring about a delivery: therefore we are obliged to have recourse to the first instrument above-mentioned, namely, the forceps, to deliver her, which we do in the following manner.

94 Of Unnatural BIRTHS.

We place the woman on her back, generally across her bed, as it were half-sitting, half-lying, her head and shoulders being raised, and her breech over the bed's side, with some pillows under, and advanced pretty much forwards, together with two assistants on each side to support her feet, and keep her knees at a due distance raised up towards her belly.

This is the most ordinary posture of the woman for being delivered in unnatural births, yet when it is necessary to be different in any of the ensuing cases, we shall mention it.

Having first anointed our hands, and the outward mouth and passage of the womb, with hogs-lard or soft fresh-butter, we stretch the same slowly and gradually with the fingers of our right-hand, one after another, and then altogether, introduced in a longish form, and turned round backward and forward, pushing up more and more by

by piece-meal, till the parts be sufficiently widened, as was shewn before in natural births.

If the head of the child is so low, that our hand cannot be introduced high up in this form, we widen the passage with our fingers pushed up along the moveable end of the rump-bone, the back of the hand being placed next to the child's head; and when sufficiently opened, to admit all our fingers, we turn the back of our hand to the fundament, while our thumb and fingers being flatned, slide along between the head and rump-bone, using sometimes the right, sometimes the left-hand.

Thus we continue to push up strongly, till our fingers pass the inward mouth of the womb, raising at the same time the child's head with the palm of our hand, that we may be more at liberty to reach higher to widen the inward and upward parts of
of

of the womb, thereby to distinguish the situation and size of the head, and the wideness or narrowness of the basin, and determine more easily whether we had best deliver with the forceps, or turn the child, and deliver it by the feet, as we generally do in preternatural cases: or if the labour-pains are strong, and the head in a pretty favourable position, without being jammed in the basin, whether rather we shall wait some time, in hopes that the child will come along without either of these ways by the labour-pains alone, especially if the woman is in no immediate danger from floodings, &c. the chief hindrance being the stiffness or straitness of the parts, as we never use instruments but in absolute necessity, as above-mentioned. But,

If there is no hope of the child's being delivered otherwise, we proceed as follows. First of all, we must know exactly in what position the head thus
sticks

sticks in the basin, which we find out by feeling for one of the ears, from its forepart being known to be towards the face; and if we cannot distinguish this, we push up our fingers farther to feel for the face itself, or the back of the neck; but if still we cannot perceive the head's situation, we next take our observation from the fore-fontanelle, or where the middle seam of the skull crosses the backmost.

Having found out thus the position of the head, we proceed to apply the forceps as follows: We sit down on a low seat before the patient, and having first well anointed the instrument with soft butter, we slide up our right-hand in a flat form into the passage of the womb, between it and the child's head, until our fingers have passed its inward mouth; then with our left-hand we take one blade of the forceps, and introduce it, holding it well backward,

F in

in the introduction, between our hand and the child's head.

If the point of the instrument should stick at the ear, we draw it back a little, and push it up again gently; and when we have got the point fairly passed the inward mouth into the womb, we push it still farther up, till its joint is nearly close on the lower part of the head; when withdrawing our right-hand, we slide up our left along the other side of the head the same way as before, and taking the other blade of the forceps, apply it thereto as above, always taking care that the blades are upon the ears of the child, or as near them at least as may be; then we shut the handles of the forceps together, and tie their ends firm with a strong garter.

When a pain comes on, taking a firm hold of the instrument thus applied with both our hands, we pull the head along, not straight forward, but a little

little from side to side, and continue to do so during every pain, till its crown is felt through the outward mouth of the womb, the back of the neck below the share-bone, and the seam of the hips pushed out by the child's forehead; then standing up, we raise the handles of the forceps, and pull the head in imitation of nature in natural births, half-round upwards from underneath the share-bone, whereby it is delivered.

The body and after-birth we deliver as above in natural births.

It may be observed here,

1. That in working with the instruments we conceal them all the time, as much as possible, from the patient and by-standers.

2. That as we are pushing up the forceps into the womb, we soften the seam of the hips every now and then with the butter.

3. That in delivering the head we keep the palm of one hand close pressed

to the said seam, while with the other we are pulling up the forceps and head gently.

And lastly, That when it is almost delivered, the same part being on the stretch when we are pulling upwards, we slip it cautiously over the forehead and face of the child as they are coming out, else the seam of the hips might be torn by the child's head.

WE proceed next to shew how the crotchets and long scissars are used in delivering a woman of a dead child.

Here also we place the woman whose child is known to be dead in the womb (see page 94, 106.) in the same way as above, when we use the forceps ; we anoint and widen the outward mouth and passage of the womb in the same manner, (unless these things have been already done, as is the case sometimes when we endeavour to deliver first with the forceps, which we generally do as long as the child is alive) and

and place ourselves in a low seat before her as above-mentioned.

Then having ordered a person to keep the child's head in the womb steady by pressing the hands on the woman's belly, we introduce our left-hand, and pressing the head, with our two fingers, we take the scissars with our right, and guiding them up the passage of the womb by the said two fingers, till they reach the skull, we pierce it thro' as far as their stops, turning them backward and forward, as in boring with an awl, especially if they have happened to pitch on a solid bone, and not in a seam, which will pierce easily without boring: Then pulling their handles asunder, first one way and then another, we make the hole larger; for the larger the better.

Then closing them, we push them up beyond the stops, and opening them again, we turn them backward and forward as before, to destroy the brain.

This also we sometimes do more effectually, by introducing one of the crotchets or double-blunt-hook, and moving it in the same way with one hand.

The brain being thus sufficiently broken in pieces, and discharging thro' the hole, which generally it does very fast, the skull will be pressed into a much smaller and longer shape; then drawing out the crotchet, till its point is stopped at the inside of the hole made in the skull, we press two fingers of our left-hand over-against it on the outside, when we pull along, keeping the handle as much backward as possible, without pain to the woman; whereby together with the labour-pains, which upon pulling the head generally rise or increase, although altogether ceased before, and the woman's bearing down, to which we encourage her, we generally deliver the head with speed; or, if the woman has strong pains, we often do it, without the crotchet,

crotchet, by our finger and thumb fixed on the edge of the hole in the skull, and the head pulled along as before; or as others practise, by fixing the small hook of the double-blunt-hook the same way as the crotchet was, and so pulling along as before; or even by applying the forceps to the head now narrower and longer than before, it will thereby sometimes come along, and be easily delivered.

But if these means should fail, as they may if the basin happens to be very narrow, we apply both crotchets to each side of the head outwardly, much in the same manner as we do the forceps as directed before; whereby indeed we are more certain to deliver, though not so safely as by the above methods; only we generally try first to deliver the head with one crotchet applied to the outside of the skull thus: We introduce it into the passage as we do one leg of the forceps,

as has been shewn, but with a great deal of more caution because of its sharp point; which being fixed with our hand above the chin, in the mouth, back part of the neck, or side of the head above the ear, or in any part of the skull, where we can get a firm hold, and seizing at the same time the bones at the hole that we made in the skull with our left-hand to keep the head steady, we pull along with both hands, and thus often deliver it without the farther trouble of using both crotchets, which we never do but when vast force is required, and every other way fails.

The head then being by some or other of the above methods delivered, we bring along the body in the same manner we do when the child is alive as formerly shewn. But if we cannot get the body delivered in the ordinary way, either because of its being greatly swelled, of a monstrous size, or the great narrowness of the basin, which is oftener

tener the cause of the hinderance, without pulling the head from the body, which in these cases there is hazard of doing, we introduce one hand so as to reach with the fingers to the shoulder or breast of the child, and conduct along it one crotchet with its crooked sharp point towards the child, and fix it with a firm application ; then withdrawing our hand, therewith we pull the body, while at the same time with our other hand we pull at the head of the child : if the crotchet-point should lose its hold, as sometimes happens, pushing it up farther and farther, and fixing it again in the child's body, we pull again, applying it still higher and higher as it gives way, and pull again and again till we work a delivery.

As to the use of the last-named instrument, called a double-blunt-hook, besides the use of it already shewn, we also apply the largest hook to an arm-pit, groin, or flank to assist us in

delivering in many cases, when we cannot effect it with our fingers alone; and in other cases, especially in those of violent floodings, when we are obliged to deliver, though the inward mouth of the womb is little or nothing open, we sometimes use the smallest hook of this instrument.

We shall conclude with the signs whereby to know when the child in the womb is dead, which are,

1. The child's ceasing to stir.
2. A discharge of its excrements, though its breech is not pressed into the basin.
3. No pulse being felt at the forehead, temples, arteries of the temple, navel-string or wrist, when these parts present.
4. Great swelling of the hairy scalp.
5. The bones of the skull uncommonly loose.
6. A discharge of a stinking humour from the parts.

7. No

7. No perceptible motion in the tongue, child's fingers, &c. when the face, hand, &c. present.

8. The woman's countenance pale and livid, or as it were black and blueish.

9. Her breasts loose and flat.

10. A coldness and weight felt in her belly from the child's falling like a heavy ball to the side she lies on, &c.

But the separation of the skin of the child's head (though indeed this happens only some days after the child's death) a want of pulse in the navel-string and wrist, and the skin being stripped off the child's arm with ease, are of all the signs perhaps what we can most depend on; so very uncertain are they immediately after the death of the child.

THIRDLY, When the forehead is high up at or above the upper part of the rump-bone; and after having introduced and applied the forceps to

the ears of the child, as has been already shewn at length, we cannot, on account of the narrowness of the basin at that part, bring along the head, by one or two trials, we endeavour to turn the forehead a little to one side; but if it is so fixed in the basin, as not to be moved in that manner, we try to push the head above the brim, and then turn it to the widest part of the basin, when we pull along till the head comes to the lower part thereof; then we turn the forehead into the hollow of the rump-bone, and the crown below the share-bone, and with a half-round turn upwards deliver the head, and afterwards the body of the child as above shewn.

If it happens that, when the head is come low down, we cannot bring it farther, because one of the shoulders rests above the share-bone, and the other on the rump-bone; the head being strongly grasped in the forceps, we push it up as far as possible, moving
from

from side to side as we push up, that the shoulder may the more easily be moved to the sides of the basin, by our turning the forehead a little towards one of them, which we bring back again into the hollow of the rump-bone; and then pulling along, we try again to deliver. Should the difficulty still remain, we push up the head again, and turn it to the other side, and so deliver the head, and afterwards the body as usual.

FOURTHLY, When the forehead is turned towards the share-bone, the ears of consequence being towards the sides of the basin; or when the forehead is towards one of the groins, in which case the ears will vary a little way from the sides of the basin.

In either case, having introduced the forceps along the ears, we push up the head a little, and turn the forehead to one side of the basin, and so bring it along, 'till the hind-head is come to
the

the lower part of one hip-bone, when we turn the forehead into the hollow of the rump-bone; and pushing up or pulling down till we can turn it a quarter or more farther to the contrary side, which brings the shoulders to the sides of the basin, remembering to bring the last turn back again; whereby now the forehead being in the hollow of the rump-bone, and the shoulders to the hip-bone, pulling along, we easily deliver the child as above.

In these cases, however, we know by experience, that the head, when small, may be delivered by the pains without the forceps, which we only use when the head is large, and the chin is so much pressed against the breast, that it sticks in the passage, and cannot come along without hurting or tearing the woman greatly, which by delivering cautiously with the forceps, we prevent. But indeed in this and all other laborious cases almost,

almost, the pains in time will work a delivery without the forceps, the use whereof we always delay as long as possible.

FIFTHLY, When the forehead at the brim is turned to one side of the basin (suppose the left) then the head is higher up than in the former situation.

In this case we place the woman on her left-side generally, with her breech over the bed, her knees pulled up to her belly, and pillows placed between them; then we introduce the fingers of our right-hand along the child's ear, between the head and share-bone, until they pass the inward mouth of the womb.

If the head is so fixed in the basin, that there is no passage between them, we push up our left-hand between the rump-bone and head, which we raise as high as possible above the brim of the basin, that we may have room both for our fingers and the forceps; then we slip up one of the blades,
kept

kept well backwards as usual with our right-hand, and withdrawing our left, with which we hold the handle of the blade already introduced, while we slip up the fingers of our right-hand at the share-bone, and push up softly, because of the bladder and inward mouth of the womb, the other blade; and when it is past the inward mouth fairly, we push it up farther, join the blades, and having tied their handles, which we keep well backwards as usual, we pull along the head; and after it is sufficiently advanced, we turn the forehead into the hollow of the rump-bone, with a quarter turn farther as above-mentioned, to be returned back again before we pull along the head.

If notwithstanding the head comes not easily forward, we turn the woman to her back, and then pulling the hind-head half-round outward from below the share-bone, we deliver as has been before shewn.

SIXTHLY,

SIXTHLY, When the face of the child presents, and rests at the upper part of the basin, we push up its head to the bottom of the womb, turn the body, and bring it away by the feet, as will be shewn in the next chapter; because the hind-head being here turned back on the shoulders, cannot be pulled along with the forceps, unless the head be very small indeed. In this case also, when the head happens to advance pretty fast in the basin, we have known it to be delivered alive by the labour-pains alone. On the other hand, if it descends slowly, or after it is low down in the basin, and sticks a considerable time, the child is often killed by the long pressure the brain sustains. To prevent which, we take care to deliver in time, either by turning the child, and bring it off by the feet, (though we seldom can do that in this case) or by pulling with the forceps.

When

When the face is come down, and sticks at the outward mouth of the womb, the greatest part of the head is then squeezed down into the basin, and if not speedily delivered, the child here also is often lost; and when it is so low down, we seldom or never can return it on account of the great contraction of the womb.

In this case, therefore, when the chin is turned towards the lower part of the share-bone, we introduce the forceps; and fixing them, as has been shewn, we bring out the chin from under the share-bone, and pulling the head half-round upwards, we deliver it cautiously and gently as above.

SEVENTHLY, When the chin is towards the rump-bone, and the hind-head so pressed back between the shoulders, that the face is kept from rising up below the share-bone, we push up the head with our hand to the upper part of the basin; and introducing the
forceps

forceps as usual, we turn therewith the hind-head to one side of the basin, while we move the chin to the other; and, if possible, to the lower part of the hip-bone: then we bring the hind-head into the hollow of the rump-bone, with the chin below the share-bone, and so deliver as before.

If we cannot do this, we try to pull down the hind-head with the forceps below the share-bone, at the same time with the fingers of our other hand pushing the face backwards and upwards into the hollow of the rump-bone, &c. as above.

When the chin points to the back part of the basin, the forehead being squeezed against the share-bone, while the hind-head is pressed on the back between the child's shoulders, the head cannot be delivered, unless we could bring out the hind-head from below the share-bone as usual.

But

But when the chin points to the sides of the basin, laying the woman on her side, and introducing the blades of the forceps along the ears of the child at the share and rump-bones, the chin being brought low down, we can turn it to the share-bone and deliver.

EIGHTHLY, In all cases, except when the basin is too narrow, or the child's head is large, if the head has descended no farther than the upper part of the brim of the basin, or tho' even a little in the basin, and can be easily pushed back into the womb, we turn the child with our hands only, and deliver it by the feet; but if the head is come as far down as the middle of it, and the womb greatly contracted, or squeezed round the child, we deliver with the forceps.

When the head is large, and the basin very narrow, if the woman be in danger, and we can neither turn nor deliver with the forceps, we deliver
with

with the crotchets, as has been directed before in shewing the use of that instrument.

When the head is large, or the bones of the skull hard, it will not pass nor yield; neither will it when dropfical, till the water is let out, or when the basin is very narrow or distorted, which happens to very little women, or those that have had the rickets when young, the head of an ordinary size will not pass through it. In these cases which are the most difficult and dangerous, especially the last, we never try to turn, but use the forceps first; and if they do not answer, we open the head with the scissars, and deliver with one or both crotchets, as has been above directed, but with the greatest caution.

If the head is advanced in the basin, and the womb strongly contracted round the body, we find great difficulty to push it back into the womb,

womb, because the force must be sufficient to stretch it, so as to receive the child's head and our hands and arm : and after that has been done, we meet often with still greater difficulty in turning the body, in order to deliver by the feet ; which trouble is often created us by ignorant practitioners, who not having had a regular education in midwifery, do not know how to save the waters, by pushing up their arm far enough into the womb in time, whereby they would have been kept in, and the delivery rendered much easier.

We find at times, when the woman has no dangerous symptoms, that the head, as was formerly observed, will, by length of time, ~~with~~ ^{by} the continuance of the labour-pains, slide gradually down into the basin, even when it is too large for us to use the forceps and deliver with safety, although the labour be slow and tedious, and the woman seems exhausted and weak :
 only

only we take care in such a case, that she be supported by a nourishing diet, as boiled fowl, &c. or if she cannot digest solid food, chicken-broth, with rice, light soups, fresh eggs, jelly of hartshorn, or of chickens or other things of the like nature, together with any cordial medicine to keep up her spirits, as has been formerly prescribed.

We shall conclude this kind of unnatural births, with some general directions concerning them.

In all laborious births commonly, as the head is forced along, the bones of the skull are so compressed, that they lie over one another, as was taken notice of before, and as it is pushed forward, is altered from a round to a longish shape; and being sufficiently advanced, to wit, one half or two-thirds of it being equal to or past the upper part of the basin, taking our observation from feeling in the back-side thereof, but sticking fast, the

the labour-pains having no effect, we can safely deliver with the forceps.

If the head being large is detained above the brim of the basin, (this last being narrow) or but a small part of it farther advanced, and the woman cannot be delivered with the strongest pains, we cannot save the child by turning it to bring it by the feet, nor with the forceps by the head, though we always try that first, but must of necessity deliver it with the crotchets; saving only the life of the mother.

When the head presents with the crown to the middle, the forehead to the side or back of the basin, and tho' there be even strong and continued pains for some hours after the bag is broken, the head is not forced down into the basin, or at least but very little, like the tip of the small end of a sugar-loaf, the head being too large, or the basin narrow, we can only deliver with the crotchets. It is true, when

the head is high up, we could apply and lock the forceps in the middle of the basin, but would be apt to take in some part of the passage of the womb in the locking, did we not prevent it by feeling all round first before we joined them, and so with great force might thus effect a delivery ; but we seldom venture with the forceps in such a case.

At any time, when the head rests or is pressed too much on the forepart or side of the basin, either at the brim or lower down, by introducing one blade of the forceps we might move it farther down, with the assistance of the labour-pains, if strong, and our other hand applied to the opposite side of the head ; but as our fingers cannot generally reach high enough, we move the blade towards the ear, and introducing the other blade along the opposite ear, we can thus, with sufficient safety, deliver the woman.

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We find it very difficult to deliver with the forceps, when the head is thrown very much forward over the share-bone, which sometimes happens in a narrow basin by the over-much jetting-in of the top of the rump-bone, as we cannot push the handles of the forceps (being too short) far enough back, to get sufficient hold of the head, so are obliged often to use the crotchets.

When the head of the child is detained very high up, and there are no signs of its descending felt, and we having stretched the parts with a view to turn, discover that both the head is large and the basin narrow, we do not then proceed with the turning; because after this is done, perhaps with great difficulty, we would not be able to deliver the head without the crotchet; but in all such cases, where the forehead or face presents, when we doubt whether the child can be saved by turning, we always try (though we seldom

feldom succeed after the waters are gone off) to raise the head with our hand, so as to bring the crown to present; and if we succeed, which is indeed chiefly when the head is little (in which case the child can be saved by turning, &c.) we let the labour go on as in a natural case; but if not, then we wait for the descent of the head, and thus often save the child by delivering with the forceps. And even if it still should remain high up, the woman being also exhausted and weak, we try the forceps, and, that failing, we take care to deliver in time with the crotchets, so as at least to save the mother.

The head is sometimes so squeezed and locked in the basin, and the hairy scalp so much swelled, that we cannot possibly raise the head, so as to come at the ears or inward mouth of the womb; or to distinguish the seams of the skull, so as to know how the head presents.

In this case we can only introduce the forceps at random, endeavouring to remove the uncertainty of the position by remembering, that in such cases where the head is squeezed down with great difficulty, the ears are for the most part towards the share and rump-bones, and that the forehead seldom turns into the hollow of the rump-bone before the hind-head is come down to the lower part of the hip-bone, when it rises gradually towards the under part of the share-bone, the seam of the hips being forced out into a swelling, &c. as has been shewn before.

When the head is detained high up from the weakness of the woman, the windings about or shortness of the navel-strings, or from the contraction of the womb over the child's shoulders, &c. we often succeed with the forceps, if the head is not in a very unfavourable position, although high, when we
cannot

cannot turn the child: but if the head is large, or the basin narrow, we can seldom (as aforesaid) save the child, either by turning or by the forceps, till the head comes farther down, when we may get it moved in a right manner, if not favourably placed.

When the head is small, we bring it along easily by the simple force of pulling; but this only happens to be required when the woman is much reduced, and the labour-pains are not sufficient to deliver the child; yet the lower part of the womb may be so strongly contracted before the shoulders, and so close to the neck, as to prevent the child's advancing, even when the head is so small as to be loose in the basin, our fingers being moved around it; and this is ofteneft the occasion of preventing the head being delivered when loose in the basin.

The difficulty when the head is high up, is from the restraint at the brim;

for when it passes that, it is seldom retained in the lower part, unless the patient is very weak indeed. In which case we do not wait, as we are generally certain of delivering with the forceps immediately, whereby we prevent the danger that may happen to both mother and child, by the head continuing to lodge there too long: hence we never break the bag too soon, that the womb may not contract too forcibly and too long before the shoulders, when the head is advanced one-third or one-half on the outside of the outward mouth of the womb; which last we here often prevent by two fingers introduced into the fundament, &c. as has been formerly directed.

LASTLY, Though we never deliver with the crotchet, except when we cannot turn or deliver with the forceps, which sometimes happens, yet when the basin of the mother is too narrow, or the head of the child too large to pass,

pass, and rests above the brim, whether the child be alive or dead, we are necessitated to deliver with it ; because in such cases, as the woman cannot be delivered in any other way, and is in immediate danger of her life, she must be delivered without loss of time in some way or other, else both will inevitably perish. Therefore,

In every case, when the head presents, and cannot be delivered by the labour-pains, or by any of the other methods before-mentioned, the woman being exhausted, and her efforts, together with ours, in using every other expedient, proving vain ; or at least cannot be relieved without such force as would endanger her life, as well as that of her offspring, we are obliged, by inevitable consequence, to deliver with the crotchets ; and happy it is for the woman that we can by any means save her life.



C H A P. III.

Of U N N A T U R A L B I R T H S.

FIRST, The second kind of unnatural births which we mentioned, and which remains to be treated of, we said, went under the name of preternatural.

A preternatural birth is that, in which the child, in whatever posture it presents, is turned in the womb, and is delivered by its feet.

In these births, we may wait long in expectation of the child being delivered by the pains ; yet if the woman has not strength enough thereby to force down the head, or if there be a great flooding, we are at length forced to turn and deliver by the feet, since because of its over high situation, we cannot deliver with the forceps.

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In these cases also, if the child's head should happen to be large, or the mother's basin narrow, we open the skull, and deliver with the crotchets.

Before we shew the method of delivering in preternatural births, it may not be improper to premise the following things.

1. It is supposed by some, that in all unnatural births, especially these we are now speaking of, the inward mouth of the womb is turned more backward than in natural cases; from whence, say they, proceeds their difficulty. But be this as it will it is certain, and to be well observed, that in these births, the nearer the head and shoulders of the child are to the inward mouth, the more difficulty there is in delivering; and the contrary.

2. The chief difficulty of turning children in the womb, and bringing them by the feet, which we generally do in preternatural cases, proceeds

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from the great contraction of the womb, and bad position of the child therein.

3. The more or less the waters are gone off, the aforesaid contraction is stronger or weaker, and the turning the child more or less difficult.

4. The more longish or roundish form or shape the child lies in the womb, the more its back parts are over the inward mouth, and especially when the crown of the head, face, ear, neck, shoulders, or breast present, the breech and legs being extended up to the bottom of the womb; or lastly, the more the foreparts of the child are across the inward mouth of the womb, the head or breech over the share-bone with the limbs, navel-string, &c. one or all at the upper or lower part of the passage, the more difficult it is to deliver.

5. In all cases, where we perceive that great force will be necessary, we
save

save our strength as much as possible, beginning slowly, and resting our hands between whiles, during the work of pushing up and turning the child, as thereby we shall be the more able to go through with the delivery.

6. In many cases we find, that in delivering our firmest position is to kneel with the left or right knee on a cushion, keeping up the other knee to support our right or left arm; and though, when the bed on which the woman is placed is high, we stand, yet even in that posture we find it best to support our elbow on our knee.

7. In delivering in some cases we may, though seldom, fix what is called a noose on the child's foot or ankle; which is made thus, we take a strong half-worn garter or fillet, about a yard and a half long: if this band is thick, we make an eye at one end of it, by doubling about half an inch, and sewing it strongly, and the other

end passed through it forms the noose; or if it is thin, we make it with our hand in the common way, by doubling it in the middle, and making a noose by drawing the two ends through the doubling.

8. When at any time, our hand being in the womb, we find the breech higher than the upper parts of the child, or equal with them, the manner wherein we turn the child is, to push up the first and pull down the last alternately, or by turns, which is easier done the more the waters remain in the womb; for if they are all gone off, great strength is required to turn. In this case we push up the head gradually on that side, to which the thighs and legs are turned; and after they are reached, if they are not very high up, we advance our hand as far as the bottom of the womb, whereby at once we widen it, and bring the legs more easily down; which done,
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we push up and pull down by turns as before.

If the head and shoulders continue to hinder the breech and body from coming along, and we cannot bring the feet so low as the outside of the outward mouth of the womb, while they are in the passage, we apply a noose on one or both feet; for (unless the child is so small, that we can turn it round by grasping the body) when the head and shoulders being pushed up, we endeavour to bring down the other parts, they will again return to the same place: whereas, if we gain a firm hold of the feet, when without the outward mouth, or in the passage of the womb, by means of a noose fixed on the ancles, we can with the other hand push up the head, and be able to bring down the breech and feet, and retain them there, till the superior parts of the child are intirely pushed upwards.

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We continue this way of pushing up and pulling down by turns, till the head is raised to the bottom of the womb; for should we leave off too soon, and withdraw our hand, although the child should be delivered as far as the breech, the head is sometimes so pressed down and engaged with the body in the passage, that it cannot be brought farther down, without being tore along with the crotchet, as the breech and part of the body may so shut up the passage of the womb, that our hand cannot be introduced to raise the head.

9. In preternatural labours, the posture of the woman to be delivered is generally much the same as that in the laborious births above-mentioned, only one or two more assistants are necessary. Thus we place her on her back half-sitting, half-lying, but with her head rather lower than her breech; which, being brought close to the
side

side of the bed, we order to be raised higher, as in this posture our hand and arm are easier pushed up along the back parts of the woman to the bottom of the womb.

Sometimes, however, when the feet of the child are towards the mother's belly, we can reach and manage them more easily when she lies on her side, especially when the child is small, and the feet lie forwards toward the fore-part of the womb, in a belly that is pendulous, or hangs much over the share-bone; though when the legs are delivered, if the child is large, or the basin narrow, we turn her on her back, because we can then almost in all cases, with more ease and safety, deliver the body and head: besides in this posture she is kept more firm, and her thighs are less in our way.

At other times, where great force is required to turn, we find it useful to place her on her knees and elbows in

a low couch, in searching for the feet, tho' she is then apt to shrink from us.

10. Sometimes in preternatural cases we meet with the mouths of the womb so much contracted, that we can scarce get in the tip of our finger, which we stretch and widen after the following manner.

Having well anointed our fingers, and the parts of the woman, with soft butter warm before a fire, we gently open the outward mouth and passage of the womb, by introducing our fingers gradually, and turning them backward and forward (as formerly directed) half round and pushing upward; then forming them lengthways, we continue to stretch slowly, resting every now and then, until our whole hand is admitted into the passage. Having got thus far, we next insinuate, in the same slow cautious manner, first one, then two fingers into the inward mouth of the womb, which we stretch also gradually,

gradually, so as to admit two more and the thumb, which will in time make way for the getting in of our whole arm, to be used as will be shewn afterwards.

Lastly, If it should happen at any time, that we find the inward mouth of the womb farther back than usual, which probably may be the case when the woman's belly hangs very much over the share-bone, and the labour thereby may become tedious; when the head is not large, or the basin narrow, in time of a pain, by introducing one or two of our fingers into it, we endeavour to bring it more forwards to its natural situation, as this may contribute to her more safe and easy delivery. We advise the woman, in such a case also, to change her position from time to time, while she goes with child, especially to lie on her back with her shoulders low and breech raised, or to wear a proper roller over her belly,

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belly, as these means may prove conducive to the same end.

SECONDLY, If the knees and feet of the child present to the inward mouth of the womb, which is not sufficiently open to allow the child to come farther down; or, if the woman be weakened with long-labour, or in danger by a flooding, we introduce our hand into the passage of the womb, push up and stretch the inward mouth, and bring along the feet; which being drawn out, and wrapped round with a cloth for a firmer hold, we pull until the breech is felt on the outside of the outward mouth of the womb.

If the fore-parts of the child happen to be already toward the back of the womb, we continue to pull in the same direction; but if they are towards the share-bone, or one side, we turn them to the back part of the womb: and as the head does not move round equal with the body, we make allowance for the
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the difference in turning, by bringing the last quarter-turn farther than the place at which the head is to be placed; so that the face, which was towards one of the groins, will be forced to the side of the rump-bone, where it joins with the hip-bone; but which quarter-turn we bring back again, while the head remains as before.

Then a cloth being wrapped round the breech, we place our thumbs along each side of the back-bone, and with our fingers grasping the belly pull along the body from side to side; and when the child is delivered as far as the shoulders, we slide our hands betwixt its breast and the parts of the mother, and introduce our fore or middle finger, or both, if needful, into the child's mouth; by which means the chin will be pulled to the breast, the forehead into the hollow of the rump-bone, and the hind-head, at the share-bone, raised upwards.

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But if the head cannot thus be brought along with a moderate force, without the lower jaw being in danger of being overstrained, we push our finger farther up, and press on each side of the nose or lower part of the eye-brows; and when the forehead is come so low as to push out the parts of the mother below at the seam of the hips, standing up we pull the head of the child upwards, bringing the forehead with a half-round turn from the under part of the outward mouth of the womb, while we raise its body over the mother's belly, at the same time slipping the outward mouth over the child's forehead, and so deliver.

Here it is to be observed, that, in the above delivery of the child's head, the arms in coming out of the outward mouth were along the sides of the head; but in the case of a narrow basin, or large head, the child could not have been brought along so without

out the risk of overstraining its neck: therefore, in that case, we bring down one of its arms, before we can deliver safely; at the same time pulling the body to the contrary side, whereby the shoulder will be brought lower down, by running our fingers along the arm till they reach the elbow, which we pull slowly and gradually downwards with a half-round turn, as it were to the other side below the breast: then guiding our fingers into the child's mouth, we try if the head will come along; if it will not, we pull the body to the other side, so as to bring down the other arm in the same way, and again endeavour to deliver the head after the following manner.

We fix one of our fingers, suppose of the right-hand, in the child's mouth, letting the body rest on that arm; then we place our left-hand above the shoulder, placing a finger on each side of the neck: if the forehead is towards
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one side at the upper part of the basin, we pull it lower down, and gradually turn it into the hollow of the rump-bone ; we now stand up, and in pulling raise the body so as to bring out the head in a half-round turn as before, and deliver.

When the head is low down, and the chief resistance is in the lower parts, though this is seldom the case, or when the forehead is hindered from coming down into the lower part of the rump-bone, by an uncommon shape of the basin or head, if we think that it will do better, we proceed in the latter end of the delivery thus : We try to make the half-round turn in the contrary direction, and instead of introducing our fingers into the child's mouth, we let its breast rest on the palm of our left-hand, and placing the right on its shoulder with the fingers on each side of the neck, we press it downwards to the under part of the
outward

outward mouth of the womb, whereby the face and chin will move more upwards, and the head come out with a half-round turn from below the share-bone as in the other way, and be delivered.

If the forehead is not turned to one side, but sticks at the upper part of the rump-bone, we (especially if the basin is narrow) endeavour with our finger in the child's mouth to turn it to one side of the jetting-in of the rump-bone, and then bring it along as before.

If one of the child's arms, instead of being placed along the sides of the head, is turned in between the face and rump-bone, or between the hind-head and share-bone; the same difficulty of delivering we have here as in the case of a large head and narrow basin; and the elbow being for the most part easily come at, because it is low down in the passage, we are obliged to
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bring down one or both arms before we can deliver the head.

If the basin is not narrow, or the head very large, and the arms lie along the sides of the head, we have seldom occasion to pull them down, because as was formerly shewn, the basin is widest at the sides, and the soft substances that fill up the space between the rump and hip-bones below, yield to the pressure and make room; but when they are squeezed between the head and bones of the basin, and the head sticks, we bring them down; as also, whenever the head, however situated, comes along with difficulty.

When the hind-head rests at the share-bone, and the forehead at the upper part of the rump-bone, we can seldom bring down the head, until by introducing our finger into the child's mouth we move the same to the side, bring the chin to the breast and forehead into the hollow of the rump-bone, when

when we go on with the rest of the delivery as before : but when with a finger in the child's mouth, we cannot pull down the forehead into the rump-bone, we push the fore-finger of our left-hand between the neck and share-bone, in order to raise the hind-head upwards ; which being done, we find the forehead comes with less difficulty, especially when we push up and pull down by turns.

When there happens to be a narrow basin, or a large head and hard skull ; and when the body of the child happens to be greatly swelled, we deliver in such circumstances the body and head as follows. If when the breech and legs are brought down, and the body of the child turned, as has been already shewn, with the fore-parts to the mother's back in pulling it along, it stops at the belly, because of its great size arising from water or wind pent up, which happens when the child has

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been dead in the womb for some time, we open its belly, by forcing the points of the long scissars into it, or even tearing it open with the sharp crotchet, and so the body will come along to the head.

If after the body is delivered, and the arms brought down, but every method for the delivery of the head, as has been shewn, fails, because of its being either naturally too large, the skull too hard, or the head dropfical; or because of the basin being too narrow or distorted, if we find the child is alive by the signs formerly given, especially if we feel the motion of the heart, or the beating of the arteries in the navel-string, we try to deliver it with our hands as above, or this failing with the forceps, and thereby preserve the child's life.

If we cannot do that, and the head is small, or the basin large enough, we force the points of the scissars through
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the lower part of the hind-head; when, if the bones of the skull are soft, or the head dropfical, it will easily be pierced; or else we thrust the closed blades of the scissars through that hole in the bottom of the skull through which the marrow passes down from the brain into the back-bone, and opening and widening with them this natural or that artificial hole, as formerly directed, we introduce the sharp crotchet, whereby the brain being emptied, or in a dropfical head the water being let out, the head and skull becoming less and narrower, will come along by pulling with our fingers, &c. as formerly shewn: though the head being kept down by a hand on the woman's belly, we first try to deliver it with the forceps.

If these means fail, we introduce our hands along the head and fingers through the inward mouth of the womb, and slide up one of the sharp

crotchets along the ear, betwixt our hand and the child's head, upon the upper part whereof we fix it ; which done, withdrawing our hand, we take hold of the instrument with one hand, turning the crooked point of it over the head, and with the other grasping the neck and shoulders of the child, we pull along, keeping the handle as usual all the time well backward.

If it will not do with one crotchet, we introduce the other along the opposite side of the head, as directed above, joining them together ; and moving and turning the head, if necessary, to humour the shape of the basin, we pull along with leisure and caution, and deliver with a half-round turn upwards as above.

If this fail likewise, by reason of the extraordinary hardness of the bones or size of the head, the narrowness or distortion of the basin, then we find there is a necessity to separate the body from

from the head with a sharp knife or scissars ; which being done, we push the head into the womb, and turn the face to the bottom of it, and the crown down to its inward mouth ; then ordering an assistant to press upon the woman's belly with both hands to keep the head firm, we open the skull with the scissars, fix the crotchet, and deliver therewith, as formerly has been shewn.

This separation of the body from the head, which we are necessitated as above to make, happens often undesignedly in the hands of ignorant practitioners, who, not knowing how to turn the back parts of the child to the mother's belly, or how to bring it along, though it presented in that position, pulling at random and with violence, tear away the body from the head ; to which case, when called, we use the same methods to deliver, as has been just now shewn ; or first with

one crotchet and the finger of our other hand in the child's mouth, we try to bring the head along ; or this failing, with both crotchets joined : though we always try first to deliver in the following manner, especially if the head is not very large, or the basin narrow, and the forehead is towards the rump-bone, we slide up our hand along the back part of the basin, and introducing two fingers into the child's mouth, with the thumb below the chin, we pull the forehead into the hollow of the rump-bone ; and if it sticks at the jetting-in of that bone, we endeavour to move it first to one side and then to the other ; and if the head is small, it thus comes along ; or, if it is low down, we deliver it with the forceps.

If the forehead happens to be towards the share-bone, and cannot be brought into the right position, we push the head into the womb with our hand,

hand,

hand, and turning the forehead from the forepart to the side or back part of the basin, we try to deliver as before; remembering all along, in case the child should be much mortified, to pull cautiously at the under jaw; for if that should give way, we would have no hold to pull by at all: or keeping the head steady, we extract with the crotchet.

When the basin is so narrow, or the head so large, that none of these methods will do, we push up the head, turn the upper parts downward, direct a person to press on the woman's belly with both hands, and moving it from side to side to squeeze the head, so as to force it towards the inward mouth of the womb, to be kept firmly there, till we open and bring it out with the crotchets as above.

In any of these cases, if the after-burden sticks to the womb, we first deliver the head; but if it is separated,

and in our way already, we bring it away first.

THIRDLY, When the breech presents, supposing the bag of waters not yet broke, and the woman in no danger, the inward mouth of the womb not yet sufficiently open, and the labour-pains strong, we wait until the bag is pushed farther down, as in a natural labour, wherein generally one hip of the child presenting, the other rests on the share-bone; which, when forced along by the pains, will gradually be moved more and more to the groin of one side, and from thence slip down at the side of the basin; the lower will be forced to the other side, and the hollow between the thighs will rest on the jetting-in of the rump-bone, and come down in that manner; the thighs on each side, and the back and round parts of the breech passing in below the bend of the share-bone, which is the best position: but if the
back

back of the child is rather turned backwards (as in the former case its side was to the forepart of the basin) then it will be forced down in the contrary direction, and come along with more difficulty, with its thigh to the share-bone, and back to the rump-bone.

When it is come down to the middle or lower part of the basin, we introduce the fore-finger of each hand along the outside of the child's groins, and taking hold, we pull gently along during a strong pain. If the outward mouth of the womb is so contracted, that we cannot take sufficient hold, we open it slowly, so as that our hand may be pushed up with ease; and when we can insinuate a finger or two in each groin, we place our thumbs on the thighs, if they are towards the share-bone, so as to obtain a firm hold; then we pull along from side to side, and if the back of the child is to the share-bone, we continue to assist in

this manner, until the body and head are delivered.

The legs being commonly stretched up along the belly, when the child is drawn out as far as the shoulders, they come out of themselves, or are easily brought down. But if the belly of the child is turned to one side, or to the share-bone, then, when the breech is delivered, we turn the belly down to the rump-bone, and the back to the share-bone; and that the face may be turned to the mother's back, we make the quarter-turn as usual; which being brought back again, we pull along and deliver. If the body cannot be turned, till the thighs and legs are brought down, we continue to pull along till the hams are felt on the outside of the outward mouth of the womb, when seizing the knees with our fingers and thumb, we pull out that leg, and bring down the other in the same manner.

When

When the legs are delivered, we generally wrap a cloth round the breech; and as we pulled down the body almost as far as the breast, before we could bring out the legs, we push it up again to the navel, or above it, that we may make the motions above-mentioned, so as to turn the face of the child to the mother's back; and when the face is turned properly down, we go on to deliver as above-mentioned.

If the breech is detained above the basin, either by its uncommon bigness, or the basin's narrowness; or if one hip is pushed in, while the other rests above the share, rump, or either hip-bones, the woman low and weak, the pains lingering and insufficient to force the child along; or if she is in danger from a violent flooding: in any of these cases, we generally open, during a pain, first the outward and then the inward mouth of the womb with our fingers and hand: and having thus gained

H 6 admission,

admission, we push up the breech to to the fore and back part, or to one side of the womb, that our hand and arm may have room to slip up along the foreparts of the child, so as to feel the thighs that direct us to the legs, which we bring down with our fingers, while we push up the hams with our thumb, and then deliver as usual.

If the breech be strongly pressed into the upper part of the basin, we push it upwards, and to one side, that our hand and arm may have free passage; for the higher the breech is raised out of our way, we are at the more freedom to fetch out the legs. If the legs lie towards the left-side of the woman, we introduce our right-hand into the womb, and the contrary if they lie towards the right-side; if towards the back or belly, either hand will do. If both legs cannot be easily brought down, we deliver with one; of which taking hold with a linen cloth wrapped round

round it, we slide up our other hand into the passage, and a finger or two into the outside of the groin, which is bent, and so pull along.

It may be observed here, that the child is often in danger, and sometimes lost, when the breech presents, and is low down in the basin, and the thighs are so strongly pressed against the navel-string and belly, as to stop the circulation of the blood therein. This we prevent, by delivering as quickly as possibly we can. Also, when at any time the body is intangled in the navel-string, we disengage it as soon, and as well as possible (especially when it happens to be between the thighs) as formerly directed.

In all cases where the breech presents, we always push up and bring down the legs, provided the inward mouth of the womb is wide enough for that purpose, and the waters are not wholly discharged. If they are
gone

gone off, the womb strongly contracted round the child, and the breech low, so as that it cannot be returned, or so small as to come easily along, we then deliver it accordingly; but if so large as neither to be pushed up, or brought along with the assistance of the fingers, we introduce the largest hook of the double-blunt-hook into one of the groins, our fingers into the other, and pull very cautiously, and deliver.

FOURTHLY, When the bag of waters being broken, the forehead, shoulder, or other part being pushed into the basin, closes up the inward mouth of the womb, so that but a small quantity of the waters discharging, the womb is kept from strongly contracting round the child, and will be more easily turned than when all is gone off. In this case we introduce our hand slowly into the passage of the womb, and our fingers between that part of
the

the child, which is pushed down in its inward mouth: if we perceive some of the waters coming down, we run up our hand as quick as possible into the womb itself, between the inside of the bag and child's body, as far as its middle; and the lower part of our arm filling up the outward mouth, no more water can pass, when we the more easily turn the child with its head up to the bottom of the womb, the breech down to the lower part, and the foreparts towards its back, and deliver as above.

But if the bag is not broken, the child felt through it presenting wrong, and the pains pushing it down, so as to widen more or less the inward mouth of the womb, we let the labour go on, if the inward mouth is not sufficiently open, and the woman in no danger, till the parts are more stretched, lubricating or softening with butter, and extending the outward mouth during

during every pain ; then introducing one hand into the passage of the womb, we insinuate it in a flatned form within the inward mouth, and push up between the bag and womb, as far as its middle, as before.

Having thus obtained admiffion, we break the bag by squeezing it with our fingers ; then fliding our hand within it, without moving our arm lower down, we turn and deliver the child by the feet as ufual.

FIFTHLY, When the foreparts of the child present, if the feet, navel-string, and hands, one or more of them, descend into the passage of the womb, or appear on the outside of the outward mouth thereof, and the child at the fame time is in a round form acrofs the womb, we introduce our hand between these parts of the child and the rump-bone, as above-mentioned ; when it is past the inward mouth of the womb, we stop a little,

little, while we feel with our fingers the child's position.

If the head and shoulders lie higher than the breech, we take hold of the legs, and bring them down to the outside of the outward mouth of the womb. If the breech is detained above the brim of the basin, we slide up the flat of our hand along the buttocks, and pull down the legs with the other hand, to disengage the breech, and force it into the middle of the basin.

If the head and shoulders lie lower down than the breech, so as to hinder it from coming along, and the legs from being drawn out, we push up the head or shoulders to the bottom of the womb along its sides, and pulling out the legs, try as before to bring in the breech; but if it still sticks above, because the head and shoulders are again forced down by the contraction of the womb, we with one hand take hold of the legs that are now
without

without the outward mouth of the womb, and sliding the other hand into the womb, push the head again up to the bottom, while at the same time we pull the legs along.

If we cannot bring the legs farther than the passage of the womb, because the breech is high up, we slip a noose over the feet round the ancles, by which we pull down the lower parts with one hand, while the other is employed in pushing up as before directed. If the legs can be drawn through the outward mouth, we generally wrap a cloth round, thereby to have a firmer hold; but when they cannot be brought lower than the neck of the womb or passage, we use a noose here also to bring them down.

If the feet should be so slippery, that our fingers cannot hold them, and work over the noose at the same time, we withdraw it, and mount it round our hand and wrist; with which hand,
when

when introduced, we can take a firm hold on both feet. If they are as far down as the passage, we slide the noose along our hand and fingers that hold the feet with our other hand, and fix it easily round the ankle, and then go on with the rest of the delivery as usual.

SIXTHLY, When the belly presents, the head, breech, and legs being turned up over the back to the bottom of the womb, or the back presents, and these parts are upwards, or the side presents with the same parts turned to the side, back, or fore-parts of the womb, and the child pressed into a longish round form, we can, for the most part, move it round with one hand introduced into the womb, push the head to the bottom, and bring the legs to the inward mouth; which being done, we easily bring down the feet, though the most difficult part of the work; and then we proceed with the rest of the delivery as before.

But

But if the front, ear, neck, breast, or shoulders present to the inward mouth, the thighs and legs being towards the bottom, with the fore-parts of the child turned either to the side, back, or fore-parts of the mother, lying all in a longish form, and the womb closely contracted round the whole, we introduce our hand into the passage, and open the inward mouth of the womb, by pushing up our fingers and hand flat between the parts that present, and the inside of the bag of waters; and if, having first felt how the child lies, and thence know how to turn, we find the legs lie towards the fore-part of the womb, (which seldomest happens) especially when the belly hangs much over the share-bone; we lay the woman, suppose on her left-side, and then we use our right-hand as formerly shewn, to push up the presenting part towards the bottom, either along the side, back, or fore-parts

parts of the womb, as we find most convenient: and if we thus can bring down the legs, the body of course comes easily after, though sometimes we are obliged to put her on her back before we can bring out the head, especially if it be large, or the basin narrow.

But if the head, neck, breast, or shoulders present, the other parts of the child being stretched up lengthways, and the womb so strongly contracted round the child's body, that the presenting part cannot be raised up; or though pushed upwards, immediately returns before we can bring down the legs, then we force up our hands slowly and gradually between the womb and the child. If the resistance is great, we rest a little between whiles to save our strength, as formerly directed, and then proceed again until we thus can advance our hand as far as possible, even to the bottom of the womb; which stretching for some time, we
feel

feel for the breech, and slide our fingers along the thighs in search of the legs; of which, taking hold with our hand, we bring them down, either straight, or with a half-round turn, as it were, along the breast of the child.

But should the contraction of the womb be so strong, that we cannot take hold of them in that manner, we seize one or both ancles between our fingers, and pull them along; and if we cannot bring them down to the lower part of the womb, so as to apply a noose, we try again to push up the body, the more to stretch the womb, and have more room to bring them down lower; then we apply the noose, and turn the child, until we can get the head raised up, and the feet and breech delivered as above.

If we can but bring down one leg, the child being turned, and that limb got out through the outward mouth, we slide our hand up to fetch the other;

but if this cannot be done, we fix a finger on the outside of the groin of that thigh which is folded up along the belly, and bring down the buttock, while we pull with our other hand at the other leg; and the body being thus advanced, we deliver as usual.

When the shoulders present, and the arms of the child lies double in the passage, we push up the arm and shoulder; but if this cannot be done, and our hand is prevented from passing along, we bring down that arm, and hold it with one hand, while the other is introduced; then we let go, and push up the shoulder; and as the child is turned, and the feet brought down, the arm will, for the most part, return into the womb.

If the arm that is come down be so much swelled, that we cannot get our hand introduced, so as to turn and deliver the child, we separate it (as the child is dead) at the joint of the shoulder,

der, with a knife, if it be so low down, or at the elbow, if we cannot reach the shoulder, or if the limb be much mortified, we twist it off with our hand, or snip it off with the long scissars.

In this case the ignorant pull at the shoulder, in expectation to deliver the child in that way, forcing it down towards the outward mouth, and thereby make the delivery much worse; inso-much that when we are called in, we find it takes a vast force to stretch the womb, and sometimes we cannot do it at all, but are obliged to separate the head from the body with a knife or scissars, and then deliver each separately, either by our hand or the crotchet, (which ever we find most practicable) as above.

SEVENTHLY, When the face or ear presents, and cannot be altered with our hand, upon trial, into the natural position; or is not advanced sufficiently towards the outward mouth of the
 7 womb,

womb to deliver with the forceps, we then return the head into the womb, and deliver by the feet; but if this cannot be done, and the woman is in great danger, we are obliged to deliver with the crotchet.

If the navel-string comes down by the child's head, and the pulse is felt in the arteries; if we find the head small, or the basin wide enough, we turn as soon as possible, and deliver by the feet, before the circulation of the blood be stopped, and the child perish; unless the head should advance fast with the pains, in which case it may be delivered alive.

Or, if the head is low in the basin, we deliver immediately with the forceps, if practicable; otherwise, if the basin is very narrow, or the head large, we try if we can raise the head, so as to get the navel-string above it; and after this, we let the labour go on: but if the waters are all gone, and a
I large

large part of the navel-string fallen down, we find it is not possible to put it up, so as to keep it there, even altho' we could easily raise the head ; because as one part of it is pushed up with the fingers, another part falls down and escapes us : But when a little only is fallen down by the side of the child's head, we generally succeed in thrusting it up ; and so the labour going on, the woman is delivered of a living child.

If at any time before the bag of waters is broken, we feel by the touch that the face, ear, neck, breast, or shoulder presents, we open the outward mouth of the womb slowly during every pain ; and when the inward mouth is sufficiently opened by the descent of the bag, we introduce our hand into the womb, between it and the bag, which we break ; and if we find the head large, and the basin narrow, the child can scarce be saved ; yet if the woman is strong and has good pains, we some-
times

times can bring the crown of the head to present, which when done we withdraw our hand ; and if the pains return and continue, we generally save the child.

If after the bag of waters is broken of itself, the presenting part has so locked up the inward mouth as to detain a part of the waters, which we easily know, on pushing up, when they will come down ; then we run up our hand quickly to stop them, and so go on with the rest as above : though, if the child's head is not large, or the basin narrow, we might have turned the child, and brought it, as we commonly do, by the feet, alive.

After the head has been brought into the right position, which is generally hard to do, should the pains go off entirely, as often happens, or a flooding come on, in consequence of the force used in bringing in the head to a right position, as aforesaid, we find great

difficulty in turning, after the waters are gone off; as it is harder to turn when any part near the crown presents, as above observed, than in any other posture of the child: whereas, in the case of a large head or narrow basin, when the head is forced down by the pains, and will not farther advance, we can save the child as well as the mother by the forceps; and even though the pains do not force it down far enough to be delivered, either in the natural way or by the forceps, we can, after all, save the mother by the crotchet.

Here it may be observed, that we almost always find it in vain to try to bring in the head of the child into the natural position, especially after the bag of waters has been long broken, &c. nay, and dangerous too, as the force in doing it, as has been observed already, will bring on a flooding that would weaken the woman, and carry off

off her pains ; and besides, if it did not answer the end, we must turn with much less advantage, when the head is brought in, than before, and which indeed we cannot promise to do at all, so that we are then obliged to deliver with the crotchet : therefore in these cases we turn if we can, and as soon as possible, rather than try to bring in the head, and leave the delivery to nature.

EIGHTHLY, When two children are contained in the womb at the same time, but distinct from each other, they are called twins.

We cannot discover, while the woman is with child, whether she goes with twins or not. This can be only known with certainty after one of the children is delivered, and we have examined if the womb-cake is coming away. If this comes of itself, and afterwards the inward mouth of the womb is felt contracted, laying our

hand on the woman's belly, when nothing is left behind, we generally feel it just above the share-bone, as it were a round ball, of the size of a small child's head, or rather less; whereas, if there is another child, it is felt much larger.

In the case of twins, if the cake does not come down before the other child, (as often happens) on examination, we commonly feel the bag of waters pushed down through the inward mouth of the womb; or if it is broken, the head of the child, or some part of the body.

If the pains are strong, the woman in no danger from flooding or weakness, and the head presents fair and seemingly comes along, she is delivered of this child, as in a natural birth.

But if the bag is not broken, and the head does not immediately follow; or if the child presents wrong, we turn it, and bring it off by the feet, and thereby

thereby prevent the fatigue of a second labour that might be tedious, if not dangerous. Besides, as the parts are fully opened by the first delivery, we can easily introduce our hand, and keep up the waters, as the bag is generally unbroken, and turn the child; though if the basin is narrow, the woman strong, and the head presents, we rather let it come, and be delivered in the natural way.

If the first child presents wrong, and in turning it we feel another, we take care not to break the bag thereof, while we are delivering this; but should it chance to break, or be broken, and the legs of both children be intangled together (though this is seldom the case) because they are commonly divided by two bags, then having got hold of two legs, we run up our fingers to the breech, and feel if they belong to the same body; and after we have got one child delivered, as

formerly shewn, we turn the other, and deliver it: and if there should be a third or more (which is rare) we deliver them all one after another in the same way.

NINTHLY, When great and violent floodings come on, there is often a necessity for a woman being delivered by nature, or by art, at whatever time she is gone with child.

It was formerly observed, that the womb-cake might happen to stick to any part of the womb; so in the present case of a flooding, that comes on so very uncertainly during a woman's being with child, and sometimes from very trifling causes, as a fit of laughter, &c. it is found often to stick over the inside of its inward mouth, when in this, and indeed in most flooding cases, the woman loses blood very profusely.

The inward mouth of the womb frequently begins to open (as has been
already

already noted) several weeks before her reckoning is out; when, if a flooding breaks out, it seldom stops till she is delivered, though sometimes it may stop a little by clots of blood stopping up the passage; but when these loosen and drop off by straining at stool, coughing, &c. it returns as much or more than before, yet she may be kept up under it to the end, by bleeding her a little in the arm, giving her strengthening things, as formerly specified, and be safely delivered.

A flooding happening from whatever cause, and at any time in the last months of a woman's going with child, sometimes even in the sixth month, is very dangerous, if it is not soon stopped by the method and medicines prescribed under abortion (See Part iii. Chap. i. Article 7.) which seldom can be done, though we always try that first.

If the woman be taken with such a flooding when she is near her full time, and we can get her supported under it, as aforesaid, till the labour is brought on, we promote the same if the head presents, by stretching softly the inward mouth of the womb in the manner as formerly directed; and as soon as it is sufficiently opened, we break the bag of waters, whereby the flooding will be stopped, and she generally soon after safely delivered.

But if it comes on more early than this, especially in the end of the sixth, in the seventh, eighth, or beginning of the ninth month, we are obliged, if it be very violent, to force a delivery without delay, although there should be no pains, as there is generally little or no hopes of stopping the flooding, and saving the woman any other way: yet if there seems to be the least time for it, we try first what medicine can do.

Although

Although the farther a woman is gone with child, the danger is the greater; nevertheless, if we can bring on labour, the inward mouth of the womb is easier stretched or widened at this period than when she has gone a lesser time.

In the first five months it is scarce practicable to force a delivery, and which indeed we never do at any other time but when there is an absolute necessity for it, as the flooding would otherwise prove mortal. But in these months, or even in the beginning of the sixth, there is seldom need thereof, the woman during that time being scarcely in any danger from the flooding; inasmuch as we can allay or mitigate both that and the pain she is in by the medicines above referred to, leaving the rest to time, in which she will either part with her burden, or go on with it safely to the full time.

And it is only the more practicable to force a delivery in the last months, the nearer the woman is to her full time, and when the inward mouth of the womb begins to leave off its stiffness, and feels soft; unless when labour-pains happen to come on of themselves, and have begun an opening of the parts for us before, and continue to assist us farther in opening the inward mouth, when the affair becomes more practicable and easy.

If then, in the last months, a great flooding comes on, and continues violent, and increases, notwithstanding our using medicines to stop it as aforesaid; and especially if there are no labour-pains naturally, and the inward mouth of the womb is very little opened, perhaps not so much as to admit therein the tip of our finger, and feels stiff, it is extremely hard, as well as dangerous to deliver: but if there is an absolute necessity for the same,

same, we effect it in the following manner.

Having first acquainted the woman's relations of the imminent danger she is in, we place her on her back as formerly directed, and anointing the outward mouth of the womb with soft pomatum, and the inward with marsh-mallow ointment (or, if we have not these at hand, with soft fresh butter for the outward, and hard for the inward parts) we gradually and gently open the passage to the womb, as has been often described above; though it would be best to leave this for nature to relax first, and open the inward mouth to the size of a shilling at least, and which we always do when the woman is not extremely low.

Sometimes, in thus stretching the inward mouth of the womb, labour-pains are artificially raised, when we go on with opening the womb slowly, and encourage them: and when it is sufficiently opened,

opened, if the head of the child presents, and the pains are strong, we break the bag, whereby, as has been said, the flooding is immediately abated or stopped, and the child will soon be delivered as in a natural birth.

At other times, the flooding may continue to such a degree as to endanger the woman's life, when the stretching does not bring on pains, nor do they come on naturally of themselves, at least not enough for the purpose; when, after the parts are sufficiently opened and widened, and our hand introduced into the passage of the womb, we insinuate it in a flattened form, within the inward mouth, and push up between the bag and womb as far as its middle, and break the bag; then sliding our hand within it, and moving our arm lower down to save the waters, we turn the child as formerly shewn, and deliver.

If

If upon sliding up our hand, as above, on the outside of the bag, we feel the after-birth sticking to that side of the womb, we either withdraw that hand, and introduce the other on the opposite side, or break through the bag at the lower edge of the womb-cake.

Here, likewise, to prevent fatal faintings from the sudden emptying of the womb, we order a person as usual to press on the woman's belly; or, after having broken the bag, turned up the head to the bottom of the womb, and brought down the legs, we withdraw our arm a little to let the waters come off, though we keep our hand in the womb for a little time, not drawing out the feet till we feel the womb close contracted to the child; yea, if the flooding is stopped or but abated, we let the child remain in the womb about a quarter of an hour, and then deliver; leaving the after-birth, if the flooding be stopped, to come off by nature.

In

In these cases however, when the flooding is very violent, we do not delay the delivery a moment, remembering always the pressure on the woman's belly; for she is often so weak, that, although labour could be brought on, she would not have strength sufficient to undergo it.

If during the flooding the woman is seized with labour-pains, or if by every now and then stretching the inward mouth of the womb with our fingers they are brought on, whereby either the bag of waters or head is pushed down and opens the inward mouth, we break the bag as soon as possible; so that some of the waters being discharged, the womb contracts and squeezes down the child.

If after this has been done, the flooding still continues, and the child is not like to be soon delivered, we turn it immediately, and bring it by the feet; or if the head is in the basin,
and

and low enough, we draw it out by the forceps. But if we cannot deliver it by neither of these ways, by reason of the bigness of the head, or the narrowness of the basin, we must of necessity deliver the woman by the crotchet, as has been shewn above.



PART III.

CHAP. I.

Of the DISEASES of the MOTHER
before DELIVERY.

FIRST, A loathing and vomiting, particularly in the mornings, happen to some women soon after conception, and often continue to the fifth month, and in some few to the ninth.

This disorder, if violent, may endanger the woman parting with the child; otherwise it may be serviceable, by unloading the stomach, of what is offensive to nature, and thereby easing her greatly.

We relieve these complaints by taking away more or less blood from the arm, according to her strength, and as she has

has gone a shorter or longer time with child ; and afterwards giving her the common softening clyster or injection formerly mentioned, or inwardly the quantity of a large nutmeg of lenitive electuary, or more at going to bed ; or if much bound in her belly, she may take about thirty grains of the powder of the best rhubarb in a morning fasting, or even some gentle purgative pill, as Anderson's, four or five whereof may be taken at bed-time ; only these last are not proper, if she is subject to the hemorrhoids or piles.

At the same time we injoin her a light, nourishing, and spare diet, such as has been formerly specified, together with moderate exercise in a free air.

SECONDLY, A difficulty of making water happens sometimes in the fourth or fifth month, and sometimes, though seldom, a stoppage thereof, attended also with a difficulty at stool, a violent pain, and sometimes a fever.

In

In this case also we bleed, and order the common softening injection, or rather one made of marshmallow leaves, parsley-root, and camomile flowers, boiled in water to near three quarters of an English pint, adding thereto about a quarter of a pint of linseed-oil ; or, in place of half of the oil, a quarter of an ounce of Venice turpentine, dissolved in the yolk of an egg, may be mixed thoroughly with the decoction and given.

Also fomentations or warm baths, of the same herbs, may be used, or a couple of bladders half filled with warm water, applied to the belly as formerly shewn.

If these means fail, we draw off the urine with a silver pipe, called a catheter, which we find often necessary to be done also, during the time the above remedies are using.

If the woman is not relieved by the above methods at first, yet in time as
the

188 Of the Diseases of the
MOTHER before DELIVERY. 189

the womb rises higher and higher above the bladder of urine; and, by the continuance of their use, she will generally be thoroughly cured.

THIRDLY, A costiveness or boundness of the belly is very apt to seize women when they are with child; which, if neglected, may bring on violent strainings at stool, and at last even a miscarriage.

If this disease is only of a few days standing, we order first the common suppository, made of the lower end of a tallow candle, besmeared with honey, and common salt powdered, and introduced into the fundament, rather than a clyster; but afterwards this last made pretty strong, with some Epsom salts dissolved in it, and repeating the same every night, or every other night, till the end is answered.

To prevent its coming on again after it has been cured, we order the above-mentioned injection to be continued

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tinued every third or fourth night,
with some linseed-oil in it, instead of
the salts; but if, as is sometimes the
case, she has an aversion to injections,
or will not consent to use as many as
are sufficient for the desired effect, we
give her the opening or gentle purga-
tive medicines above-mentioned, or the
following mixture: Take of flour of
brimstone and cream of tartar, of each
equal parts, and as much thin honey,
as to make it into an electuary; of
which a tea-spoonful may be taken
every night and morning when ne-
cessary.

FOURTHLY, The hemorrhoids or
piles often afflict women when they
are with child.

They are, indeed, naturally more
subject to this disease than men; tho'
they suffer more severely from them
while they are going with child, than
at any other time.

Here

Here also we use the medicines which gently loosen the belly, especially the lenitive electuary; to which we add on this occasion some flour of sulphur, and a little very fine cream of tartar, mixed up with solutive syrup of roses inwardly, together with a liniment made of some ointment of poplar or elder, in which some burnt cork and sweet-oil are mixed; or a poultice of flummery or sowens to be applied outwardly to the part affected.

If they turn violently painful, we order a leech or two to be applied to the swelled lumps, but with caution, as there sometimes happens great difficulty in stopping the blood after the leeches drop off, which may be of bad consequence.

FIFTHLY, A swelling of the legs sometimes comes on about the beginning of the sixth month after conception.

This

This swelling will even creep upwards to the thighs and lower part of the belly; and is accompanied, especially about the beginning of the ninth month, or followed with pain both in the back and belly.

In order to remove, or at least abate these swellings, if the woman seems full of blood, we take away about half a pound thereof, from her arm or ankle, and order such gentle purgatives as has been already mentioned, together with the same kind of injections; advising her at the same time to avoid much or hard exercise, and indulge rest in the day-time, and be rather late in getting out of bed in the morning.

If the swelling is but small, the skin not discoloured, leaving the pit or mark of our finger after being pressed thereon, and returning only at night, and she being in other respects of a sound and healthy constitution, we advise

advise rollers or laced stockings to be applied to her legs ; otherwise repeating the bleeding at her arm, and using moderate exercise, and resting in bed by turns, is proper, and may answer.

These, or the like means, may indeed abate these swellings ; but they can scarcely be moved intirely till after delivery, when they will wear off gradually of themselves.

SIXTHLY, Pains of the belly and back (swellings of the legs and thighs going before) not only may seize a woman about the end of the eighth month, but even an asthma or shortness of breathing ; and frequent vomitings may come on at or after this time.

For this case we generally in time order the bellies of those women that are inactive, or use no exercise, to be moderately swathed, that the womb may be prevented from rising too high towards the breast, which at once prevents the asthma and vomiting ; taking

194 Of the DISEASES of the
care that her belly may not hang over the
share-bone too much, by too tight rolling.

As to medicines, we order much the
same as directed in the last article;
while we injoin her also the same rules
as to exercise as there mentioned.

SEVENTHLY, Abortion or miscarriage is a disease that seizes a woman now and then during her pregnancy.

When she loses her burden at any time from conception to the seventh or eighth, or even in the ninth month, she is said to miscarry, or part with child (See Part ii. Chap. iii. Article 9.)

Innumerable almost are the causes of this disorder; but whatever be the particular cause of an abortion at any time, it generally occasions before, either the child's death in the womb, a separation of the womb-cake, or too great a stretching and opening of its neck and inward mouth.

When an abortion is threatened, the child for some time before is not felt
to

to stir, the bag of waters breaks, and the woman is sensible of a forcing down in her womb; and labour coming on suddenly, she at length loses her burden.

At other times gripings in the belly, looseness and labour-pains happen before the bag is broken.

When no flooding attends, and the woman is not far gone with child, there is, as observed (p. 179.) seldom any danger; so we wait the course of nature: only if she is timorous or weak, we encourage her, and endeavour to remove the weakness with such a nourishing and strengthening diet as formerly mentioned, after we have first bled her, if she appear from her fresh, ruddy complexion, &c. full of blood, and ordered her the usual opening or gently purging medicines; and at the same time some of the quieting mixture, drops of liquid laudanum, ten or fifteen grains of Matthew's pills, or

about an ounce of fyrup of poppies at night, to procure her ease and rest, especially when she happens to be very restless, as has been often before directed.

In the first five months, the mitigating or abating the flooding that may attend, by the method and medicines to be mentioned by and by, leaving the rest to nature, is all we can do, and by which the woman generally recovers and does well.

If the abortion proceeds from, or is accompanied with, the separation of the cake of the womb, it is always attended with a flooding, greater or lesser, as the woman is more or less gone with child, and the cake more or less separated from the womb.

A flooding is known from the monthly discharge of blood, formerly mentioned, by its flowing more largely, and after small intermissions its return upon the woman's moving or stirring.

The

The shorter the time is that she is gone with child, her danger from abortion, as we have already observed, is the less, and the cure more certain; for we may in that case, by the afore-said means, and keeping up her strength by the cordials and nourishing diet above-mentioned, conduct her safe to the end of her reckoning.

On the other hand, if a miscarriage happens when a woman has been long gone with child, or any time in the four last months, the danger is great, and the more so the nearer she approaches to the end of her time; because more blood is lost in a shorter time, it flowing with such violence, that she quickly sinks under the discharge, and soon dies, unless, if we cannot stop it by the medicines mentioned below, we deliver her instantly, either by our hand or otherwise, as has been shewn already.

The method of cure and medicines (above referred to) inwardly and outwardly applied, which we use on these occasions, we come now to specify both more generally and more particularly.

If the disorder proceeds from any extraordinary shock the woman has received in mind or body, and is seized with a fever, or any complaints from a fulness of blood, we bleed her with the lancet, either by way of prevention or precaution, and repeat the bleeding as often as we see need.

If from violent coughing and vomiting, we take away some blood also, and give her of a mixture made up of a gill or four ounces of spear-mint-water, two ounces of barley-cinnamon water, sixty or seventy grains of salt of wormwood, two ounces of juice of lemons, a quarter of an ounce of sperma-ceti (dissolved in the yolk of an egg) thirty grains of magnesia alba, and an ounce of balsamic syrup, well
mixed

mixed together, a spoonful or two three or four times a day ; or every now and then, when the cough and vomiting are troublesome. We prescribe also the medicines formerly mentioned for procuring rest, or rather a grain or two of opium made into a pill, to be taken when very restless.

If from over-much costiveness we direct the softening injections, lenitive electuary, and other opening things inwardly, as formerly.

If from violent purging or looseness we order both in diet and medicine whatever may abate that and bind the patient, as half a drachm of diascordium, dissolved in a little red wine and water, to be taken two or three times a day, with a decoction of burnt hartshorn and its shavings, as formerly directed, for her ordinary drink ; but chiefly liquid laudanum or opium, as being the most effectual often of all the medicines we can contrive.

Also in the case of straining at stool we order these last things, after the use of such oily injections, as has been directed above.

If from convulsions we order bleeding and medicines of the nervous kind, as three or four pills twice a day, made of a drachm of powder of Valerian and Russia castor, and ten grains of salt of amber, and a small quantity of syrup of peony, with a spoonful or two of a mixture made of mint, rue, and compound briony-water, of each two ounces, compound spirit of lavender, tincture of castor, each a drachm and a half, and an ounce of syrup of peony ; using balm and rosemary-tea for ordinary drink.

If from uncommon longings or unreasonable cravings, we advise her relations to minister to her satisfaction as much as possible, and to gratify her appetite even with things that would otherwise be improper.

If

If from the sight of strange or terrible objects, we injoin her friends also, both by way of prevention and cure, to debar her every thing the least affecting her senses.

If from the passions of the mind, endeavours should be used likewise to alleviate or calm their turbulency by religion or reason.

If either the fever or flooding, or both continue or increase, besides repeated bleedings, and keeping the woman's body open with injections, &c. we order her to be confined to her bed, and to be kept rather cool than warm.

We permit her to drink plentifully of a mixture of milk one pint, and water two pints; or of a quart of emulsion of sweet almonds, in which a quarter of an ounce of salt-nitre, and three quarters of an ounce of double-refined sugar, has been intimately dissolved and mixed; or of tincture of roses: or, in place thereof, a slight de-

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coction of about two ounces of conserve of roses in an English pint of water, adding thereto as much of spirit of vitriol as to give it a moderate tartness.

We use, at the same time, the medicines for procuring sleep and rest, which may serve also to quiet any uneasy apprehensions of mind she may be under.

As to her ordinary diet, that may be of water-berry with milk, and a little loaf-sugar added thereto, rice-gruel, sago and red-wine with sugar, and such like; milk and water with toast or water, in which a red hot-iron has been several times quenched, and coloured with milk, or mixed with a little burnt claret wine; strictly injoining her to abstain from every thing in diet high-seasoned or strong.

While we are using the above, or the like cooling and binding medicines inwardly, we order medicines of the
same

same nature to be applied outwardly, as cloths dipped in vinegar and water, or four red-wine, to her back and belly; and when the flooding is very violent, to fill the passage of the womb with tow, sponge, or linen rags, dipped in the same liquors, adding some powdered allum thereto, when wanted stronger; or even to throw up strong spirits of wine or oil of turpentine with a syringe, or at least dipping a sponge or rags therein to squeeze them into the passage with the hand.

Should the violence of the flooding be happily thus abated, but yet the blood still continuing to flow, though not in such a quantity as to be in danger of bringing on death suddenly, we persist in the use of these means, in order, if possible, to stop it intirely; ordering the patient, during the time she is taking the medicines, to swallow red-wine and jelly of hartshorn often,

but in a small quantity at a time; and mutton or chicken-broths by turns.

At the same time, as long as her pulse continues strong, we order her strengthening draughts every now and then, made of a mixture of barley-cinnamon water, and as much elixir of vitriol mixed therein as to give it an agreeable sharpness, and sweetened with loaf-sugar.

If she is weak and languid, we order her to take a spoonful or two frequently of the following mixture: Take of barley-cinnamon water four ounces, half a quarter of an ounce of the extract of Peruvian bark, mix them well together, and sweeten with sugar as before.

We continue, likewise, the moderate and cautious use of the quieting medicines (as above) to procure her rest and sleep now and then; for without this the other things would be of little or no service to her.

But

But if these and the like means are ineffectual in stopping the flooding, as happens too often to be the case, especially in the three last months of the woman's going with child, there is no other remedy but to deliver her by one or other of the methods above directed.



C H A P. II.

Of the DISEASES of the MOTHER
after DELIVERY.

FIRST, Most of the complaints incident to women after delivery, proceed either from the stoppage of the natural cleansings of the womb, or the separation of the milk in their breast at this time.

The cleansings is a flow and gradual discharge of blood from the womb, that remains after the flooding usual on delivery, only they are more pale in colour than that after the third day, while after the fifth they become more clear; and sometimes, though seldom, they appear of a greenish hue.

They generally continue to flow to the fifteenth or twentieth day after delivery, though sometimes they last a month.

This

This disease consists in their flowing either in too great or too small a quantity.

The first is known by the blood continuing to flow excessively, after about an English pint or two have been discharged after the delivery of the after-burden; fresh cloths being wet with it, as fast as they can be applied one after another, attended with a pale countenance in the patient, a coldness in her hands and feet, a weakness of her pulse, and faintings.

Here we order much the same things as we do in the case of floodings as above-mentioned, using more or less of these medicines, and in stronger or weaker doses, as the discharge of blood is greater or smaller; though sometimes only supporting her under the discharge with a nourishing diet, as above, and such things as strengthen, broths, jellies, asses milk, &c. together with some cordial mixture, such
as

as fal volatile and compound spirit of lavender, mixed together, and taken to the quantity of twenty or thirty drops in red wine and water every now and then, when faintish or low, may answer: for in all kinds of floodings medicines are of little or no service, rest, and the patient lying in bed, with her head rather low, being chiefly to be depended upon.

SECONDLY, If the cleansings happen to be in small quantity, or are even quite stopped, there is not so much danger, as is commonly imagined, especially if the cause is but a provident dryness of nature; only there is a fever generally creeps on the woman more or less, which may last perhaps a few hours, and which indeed seldom fails to attack lying-in women from their cleansings growing less, in consequence whereof their breasts begin to swell out by degrees.

In

In this case however, we generally take a little blood from her arm or ankle, if no other circumstances forbid it, and give her the opening medicines as formerly directed, and also those that procure sleep occasionally.

We order her also to swallow plentifully warm thin drinks to promote perspiration, as water-gruel, barley-water, white-wine whey, with a little of Mindererus's spirit mixed therein, or sack and saffron, or this last drawn like tea, especially at going to bed; remembering all along that her body be kept open with softening injections, and the gentle purgatives already often referred to, and that her breasts be sucked by the mouth, or with pap-glasses; and finally, that these medicines be renewed as there is occasion.

THIRDLY, After delivery women are frequently troubled with what are called the after-pains.

These

These do not happen generally after they have borne the first child, but afterwards when they are delivered of their following children.

In order to prevent these pains, immediately after the after-birth is delivered, we introduce our hand into the womb, and take care to clear it as much as possible of clotted blood, but with all imaginable caution and gentleness.

But if after this has been done, and we have left any remains thereof to be pushed out by nature, she is still troubled with them, we give her the quieting mixture as above, in order to remove them; using at the same time the opening medicines to keep her belly regular. Also a drop, or thirty grains of powdered sperma-ceti may be used for the same end, and given three or four times a-day with sugar, or in any agreeable drink. We repeat these medicines if they return, and continue them

them until the woman finds herself well.

Let it be observed that, before any thing is used for the removal of these pains, if after she is delivered she sleeps naturally and sweats well, they will abate of themselves by degrees; and if her cleansings happen to be in small quantity, these after-pains, if moderate, may contribute to her recovery; so that we seldom order any thing for them.

FOURTHLY, About four days after a woman is delivered, her breasts, as we have said, generally begin to grow full and painful, stretching more and more till the milk is either sucked by the child, or, as often happens, runs out at the nipples.

Women who do not give suck, and do nothing to prevent their milk gathering in the breasts, or when it is gathered there, use no means to carry it

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it off, are subject to what is called the
milk-fever.

Also those women who try too soon
to suckle, and continue it too long at
a time, whereby their breasts and nip-
ples inflame and swell, are attended
with the milk-fever. But such as are
healthy suckle their own children, have
good nipples, their milk coming freely,
are seldom or never seized with this
fever.

As to the cure. In those women
who will not suckle their children, we
order their breasts to be covered with
a plaster spread with diapalmy, or red-
lead plaster, or cloths dipped in spirits
of wine and camphire, to be often ap-
plied to them and the arm-pits: or-
dering her at the same time a light
diet in small quantities, but often re-
peated, together with thin diluting
drinks, such as lemonade, barley-water,
whey, &c. as formerly mentioned.

Yet

Yet notwithstanding these means, a fulness and pain in the breast begin commonly about the third day; tho' by rest, moderate sweating, and the use of these applications, these generally wear off about the sixth day or sooner, especially if the milk runs from the nipples.

If the woman catches cold, or is of a full habit of body, is irregular or intemperate in her diet, these complaints increase, and there comes on a cold shivering and fever.

In the cure we endeavour to promote perspiration by the means that have been shewn above; or even, if possible, we try to raise a breathing sweat; for which purpose we give the patient half an ounce, or half a drachm or more of fresh Venice-treacle, to be dissolved and drunk in some warm, thin, diluting drink, as sack-whey at going to-bed, adding a few grains of camphire thereto, if wanted stronger. If a sweat breaks out, she is generally relieved,

relieved, especially if her milk is drawn off at the same time by the mouth or glasses.

But if these means fail, the fever increasing, we take away some blood, and apply to her breasts a softening poultice of white bread and milk, with some marshmallow ointment, first molified with some sweet oil mixed in it; continuing still in the use of the above medicines, to promote sweat.

Thus, though the fever may continue for some days, yet a crisis or dissolution thereof generally happens either by sweat, a large discharge from the womb, breakings out in the skin, loose, milky stools, or a boil forming in some part of the body, and appearing, which we ripen and bring to a head with the common poultice of white bread and milk, or the like; when it either breaks of itself, or we open it, and then draw and heal it with basilicon, Turner's cerate, or dry lint.

FIFTHLY,

FIFTHLY, After delivery there sometimes happens what is called a falling down of the womb.

This we always take care to endeavour to remedy in time ; because it is the harder to cure the longer it is neglected, whether it be the passage of the womb, or the womb itself that comes down ; which last oftentimes becomes incurable.

In order to cure the first, we push up again the part that has fallen down, very gently with our warm hand, after we have fomented it with the softening fomentation, and applied the softening poultice as formerly directed, if the part is inflamed and swelled much.

When we have thus got it put up and replaced ; in order to keep it up, wherein lies the greatest difficulty, we order the patient to rest much in bed in the day-time, and prescribe her some strengthening medicine inwardly, such as the following electuary : Take of
conserve

conserve of roses two ounces, powder of bark half an ounce, japan earth a quarter of an ounce, dragon's blood, allum and rhubarb, all in very fine powder, of each half a quarter of an ounce, and of fyryp of quinces as much as will make it into a soft electuary: of which she may take the quantity of a walnut twice or thrice a day, with a draught of red-rose leaves drawn like tea; and outwardly we order the common strengthening plaster to be applied to the small of her back.

If it should fall down again, from her straining hard at stool, violent coughing, &c. it must be replaced again, and the same means continued till it remains up, and the cure seems to be wrought.

The falling down of the womb itself when it happens, which is not often, generally does not appear till some weeks, perhaps months, after delivery; and as it comes on gradually, the
woman

woman herself can, for the most part, put it up with her own hand while she lies in bed; though when she rises and walks, it is apt to fall down again.

When this disease is not of long standing, and the womb does not come wholly through the outward mouth, yet if there appear any inflammation and swelling of the part, we bleed and give her cooling laxatives or gentle purges as formerly specified, together with the application of the softening fomentations and poultices warm, after fomenting for a quarter of an hour night and morning.

When the inflammation and swelling are thus discussed or carried off, we push it up with a warm hand, as directed above; and in order to retain or keep it in its place, we generally use a corroborating or strengthening fomentation made of pomegranate bark, balauftian flowers, red-rose leaves, &c. with a little allum boiled in water;

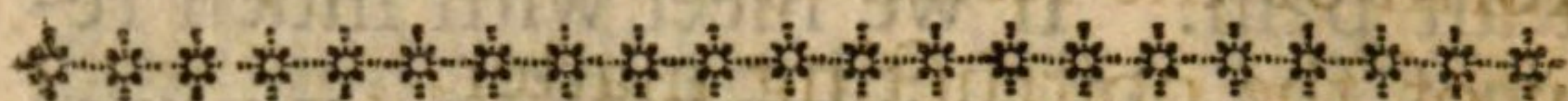
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after-

afterwards introducing into the passage, and applying to the part affected, what is called a pessary, which is a particular contrivance made of cork, fitted to the wideness of the passage of the womb, of about half an inch of thickness, with a hole in the middle of it, and laid all over with wax, to preserve it from corrupting by the moisture of the parts, &c. By the use of this, for some considerable time, a cure may be effected, the womb remaining up of itself after the pessary is withdrawn, especially if the woman is careful of her own self, uses a strengthening diet, and avoids all violent motion and exercise.

But there is a pessary composed of a ball and socket, invented by the French, that answers better than the cork or wood pessaries, though sometimes they answer very well, and may be kept in for many years. The smaller sized ones we use first, as they give the
I least

least pain. If we meet with much resistance in their introduction, we vary the woman's position, and raise her breech to make the passage easier; always remembering to besmear the passage of the womb and pessary with pomatum, and to take it out again if it occasions pain, and try another. Finally, if no pessaries can be applied, we use a bandage to supply their place; and, indeed, we never use them but in cases of the greatest necessity, left incurable inflammations be brought on, &c.



C H A P. III.

Of the DISEASES of the CHILD.

FIRST, In a new-born child the natural passages through which nature is eased by stool or urine, are sometimes filled up with some glairy or slimy stuff, or with a thin membrane or skin; but very seldom or ever so intirely and closely shut up as not to have the least trace or mark of a passage.

When the passage for urine in a male is but stuffed a little with some softish substance, after the child's belly has been held near the fire, and the parts rubbed with a mixture of oil of camomile and rue, we gently introduce into the passage, as far as the bladder, a small probe or silver wire, bended somewhat as it were in the
7
form

form of the letter S, and thereby clear it of the obstructing matter.

In a female this is more easily effected, as we use a straight probe instead of the crooked one. Much the same method we use in the other passage, when stuffed up.

In a female child also, sometimes the entry of the passage of the womb is covered with a very thin skin; which obstruction, when it happens, as it is generally but slight, we easily cure with the snip of a pair of scissars.

When these passages are without the least vestige or mark of an opening naturally, there is a necessity of making an artificial opening with a sharp-pointed knife or lancet, though there is little hopes of success. We keep the wounds open with tents or dossils of lint.

SECONDLY, In new-born children also, there happens sometimes to arise from the under part of the mouth a
L 3
thin,

thin, skinny substance, stretching almost to the tip of the tongue, called tongue-tying or tongue-tacking, which hinders them from sucking.

This distemper we likewise cure with a single snip of the scissars.

If instead of this thin skin, the tongue is confined by a thick red substance, we stretch it gently but frequently with our fingers: or if it appear like proud flesh, we touch it with the velvet caustic, or a piece of blue vitriol if slight, whereby it generally wastes away.

THIRDLY, Sometimes the bones of the skull, after the child is born, happen to wrap or lie over one another, the hairy scalp first feeling wrinkled, and then enlarged to a swelling, occasioned by the hardness of the labour.

If this happens to the bones of the forehead, it is called a mould-shot-head; but if it is in the hind-head, then it goes under the name of a horse-shoe-mould.

In

In these cases, when the child is delivered, we allow the navel-string at cutting to bleed to about the quantity of two spoonfuls, especially if the infant is strong and full grown.

Here we try also another method, namely, to pinch or whip it, so as to make it cry, whereby the bones of the head are often forced outwards into their natural situation again.

If the head has not been long pressed in the birth, and is not much inflamed, we can sometimes artfully reduce it into the natural state by our hand.

If the head should happen to be misshapen, we caution the nurse against binding or pressing it in the least, as thereby the brain would be compressed or hurt by the bones of the skull, and occasion severe convulsions, if not death.

FOURTHLY, There is a thick, tough kind of excrements, being their first excrements, called the meconium, that stuffs up the guts or bowels of new-

born children ; and which, for their future health, ought to be purged off as soon as possible.

This purgation often proves effectual in curing the last-mentioned distemper ; inasmuch as the drawing down the humours from the infant's head by purges, contributes much to the bones of the skull being easier returned to their natural situation.

In order to purge off the aforesaid excrements of children, we prescribe moderately sharp suppositories, such as that common one made of the lower end of a tallow-candle, shaped down into the form of the little finger, and besmeared all over with honey, and common sea-salt powdered ; and afterwards the common injections with Epsom salts in them as formerly mentioned, in a small quantity ; or a mixture of syrup of pale roses three drachms, and syrup of buckthorn one drachm or more, if there be occasion,
and

and to be repeated oftener or seldomer, as the child is strong or weak.

It is observable here, that if the child takes pap as thin as whey, for the first two days after it is born, or if it sucks its mother's milk, which begins to come off, as aforesaid, about the third day, it will generally be sufficient to purge off the meconium ; and this natural purge is rather better at first than the above artificial ones.

If the mother's milk cannot be had, that of a nurse lately delivered will answer as well. If the purgative quality of the milk is decreased, we order the nurse repeated doses in small quantities of some purging medicine, as the lenitive electuary, manna, &c. by which its virtue will be recovered, and the little patient be sufficiently purged for the first time.

If the child is brought up by the hand, we order it to be fed with loaf-bread and spring-water, boiled up like

panada, and mixed with as much of cows milk, and sometimes even with the broth of mutton or fowl.

FIFTHLY, If a child is seized with convulsions soon after delivery, from a pressure upon the brain in the birth, they prove sometimes fatal.

In this case, if the navel-string at tying has not been allowed to bleed, we generally open the vein of the neck, and take away one or two ounces of blood therefrom, purge off the meconium, and apply a sharp blistering plaster between its shoulders.

If the child's scalp is bruised, inflamed, or swelled, we order a little vinegar, spirits of wine and camphire, and oil of camomile by infusion mixed together, to be rubbed into the part affected; and after that the bread and milk poultice applied warm over all, in order to disperse it.

If the swelling is large, and there seems to be matter in it, we open it
with

with a lancet, discharge the matter, cleanse and heal the wound, with Aræus's liniment and cerate as usual.

SIXTHLY, The body of a new-born child is sometimes covered over with little red spots, called the red-gum, which generally proceeds from costiveness, the meconium not having been at first sufficiently purged off, as has been directed above.

In the cure therefore we use the same method as mentioned there, namely, to purge off gently that offending matter from the bowels; or if the child is much costive, to open and purge the humours from the body, we prescribe a quarter of an ounce of manna, to be dissolved in a cup of hot-tea, strained and given warm; or even six or eight grains of powder of rhubarb, or the mixture of syrup of pale roses and buckthorn as above, to be taken in a morning fasting, and repeated as there directed.

When the stools are green and curdled, we endeavour to cure that by giving between whiles, twice or thrice a day in the child's pap, fifteen or twenty grains of finely powdered shells; or, rather what is much better, and will at once keep the body open, and correct the green stools, a drachm or two of what is called magnesia alba in a day.

In the other kind of gum we keep the body open also with the use of the same medicines; only we here generally give the powder of rhubarb, and the shell powders by turns, when the stools come away much greenish.

If the scurf or thinnest skin has been rubbed off any part of the child's body, we order it to be bathed with warm milk, and softened by anointing the parts affected with some pomatum.

SEVENTHLY, The thrush or small round sores in the mouth is another distemper, to which infants are often subject,

subject, and is sometimes dangerous when neglected in the beginning,

The signs of this malady are gripes in the belly, and loose, green, weakening stools, preventing the nourishment and rest of the child, and bringing on a fever; yet there generally appear first small white specks on the lips, tongue, and inside of the mouth; in the fundament also, and even the inside of the guts is lined with them.

These specks grow thicker and broader, and in the beginning are yellow, and then turn of a darkish colour.

The watery stools, called the watery gripes, become more frequent, the specks too turning in time to little foul ulcers or sores, and at last sometimes quite mortify and turn black, when death is near at hand.

Sometimes, indeed, there are no watery stools accompany the thrush, while at other times the watery stools have no thrush along with them.

In

In the cure, we order as soon as possible repeated doses, as above, of the magnesia alba, or of the shell powders, twice or thrice a day, with four or five grains of powdered rhubarb every third night.

If the milk is either too binding or purgative, we either give such medicines, as aforesaid, to alter its quality, or order the nurse to be changed: or, if the child is brought up by the hand, we order woman's milk and weak-broths mixed for it; or, if the infant cannot suck, cows, asses, or mares milk thinned down with spring or barley-water.

When the child is much weakened, we advise a few drops of oil of cinnamon or anise to be dropped on a little sugar, and mixed with its pap, as chiefly serviceable in this case.

EIGHTHLY, There is another severe disorder with which children are frequently afflicted, called teething.

They

They begin to breed their teeth generally about the seventh, or at farthest, the ninth or tenth month of their age.

Those children who are healthy, and open in their belly, are easiest under this disease.

When the teeth shoot their sharp points from the gums, they often occasion great inflammation and pain, which when continuing violent bring on a fever, or even convulsions that not unfrequently prove mortal.

In order to the prevention or relief of this often painful distemper, we generally cut down the swelled gum to the tooth with a sharp knife or lancet.

If the child is strong, the pulse quick, the skin hot and dry, we open the jugular or neck-vein with the lancet, and order the common laxative milk injection to be thrown up into the belly, every now and then, to keep it open and cool.

If

If the infant should be low or wasted, we order it a few drops of the spirit of hartshorn in a little sack and water, or any other agreeable drink.

If the fever and convulsions continue, we treat them, as is above directed, for these disorders; particularly in-joining blistering plasters to be applied to the head behind the ears, or to the back between the shoulders.

NINTHLY, New-born children are often troubled with some outward diseases, particularly with what are called excoriations of the skin, namely, several parts of their bodies, as in their neck, behind their ears, and in their groin become raw, or the skin is stripped or peeled off, and discharges a humour more or less therefrom.

This disease, indeed, sometimes is unavoidable in fat or gross children; though it proceeds rather from the nurse's carelessness, or neglect of washing
ing

ing and keeping these parts of their body clean.

It is generally cured by the use of some drying applications, such as that of fine powder of cerufs or white lead, white ointment, &c.

We seldom, at least, with the utmost caution, dry up any ouzing or running behind a child's ears; as such outlets of offending humours are generally wholesom, and preventive of worse diseases.

To conclude. Most of the out-breakings of the skin of young children we cure by the repeated use of gentle purgatives, as formerly mentioned; giving between these also, twice a day for three or four days, according as the child is stronger or weaker, some grains of a black powder, called *Æthiop's mineral* inwardly; together with the outward application in the end, when necessary, of

dra. to relieve

223. 2 a

a little of a liniment made of a small quantity of the softest pomatum, mixed up with a few grains of milk of sulphur, and somewhat less of white precipitated mercury to the parts affected at bed-time.

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T H E E N D

THE END.

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